FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L63615** **(3)**

1. Corporation Name
MADRE CURA, INC.

Principal Place of Business	Mailing Address
% CLYDE E. WOLFE 1797 OLD MOULTRIE RD STE 103 ST AUGUSTINE FL 32086	% CLYDE E. WOLFE 1797 OLD MOULTRIE RD STE 103 ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 916 SR 312
22 Suite Apt. #, etc: St. Augustine, FL
23 City & State: 32086
24 Zip:
25 Country: ST. JOHNS

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 16-1018652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, CLYDE E.
1797 OLD MOULTRIE RD.
SUITE #103
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	LUCARELLI, GERALD	12 NAME		
STREET ADDRESS	8 CATALONIA CT	13 STREET ADDRESS	202 Heritage Ct	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	LUCARELLI, KATHRYN	22 NAME		
STREET ADDRESS	8 CATALONIA CT	23 STREET ADDRESS	202 Heritage Ct	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Lucarelli 4/27/95 904-825-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008703 CP