

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02861** (5)

1. Corporation Name

ST. MARY'S ANCILLARY SERVICES, INC.



Principal Place of Business

Mailing Address

**901 45TH STREET
WEST PALM BEACH FL 33407**

**901 45TH STREET
WEST PALM BEACH FL 33407**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATTS, HOWARD W.~~
**901 FORTY-FIFTH STREET
WEST PALM BCH FL 33407**

81

Name

Valerie Goodwin Larcombe

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ~~MURPHY, MARTIN E~~

STREET ADDRESS **901 45TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ DELETE

NAME **PD**

STREET ADDRESS **FRENCH, MICHAEL**

CITY-ST-ZIP **901 45TH STREET**

STREET ADDRESS **WEST PALM BEACH FL**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ DELETE

NAME ~~OMAS, CISTER M. WATOR OSI~~

STREET ADDRESS **901 45TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ DELETE

NAME ~~TURNLEY, FELICIA~~

STREET ADDRESS **901 45TH STREET**

CITY-ST-ZIP **W. PALM BEACH FL**

TITLE ☒ DELETE

NAME ~~MILLER, WENTZ~~

STREET ADDRESS **901 45TH STREET**

CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE ☒ DELETE

NAME ~~SNYDER, GAYLORD M~~

STREET ADDRESS **901 45TH STREET**

CITY-ST-ZIP **W. PALM BEACH FL 33407**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CD

☒ Change ☐ Addition

1.2 NAME

Richard Johnson

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

400001812584

☒ Change ☐ Addition

2.2 NAME

-05/08/96--01011--016

2.3 STREET ADDRESS

*****1735.00**

2.4 CITY-ST-ZIP

3.1 TITLE

S

☒ Change ☐ Addition

3.2 NAME

Valerie Goodwin Larcombe

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

VCD

☒ Change ☐ Addition

4.2 NAME

Phil Dutcher

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

TD

☒ Change ☐ Addition

5.2 NAME

Greg Gardner

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

D

☒ Change ☐ Addition

6.2 NAME

Phyllis Savill

6.3 STREET ADDRESS

6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(407)650-6223
Daytime Phone #

CR2E037 (12/95)