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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N06503 (9)

1. Corporation Name

ST. ANNE'S NURSING CENTER, ST. ANNE'S RESIDENCE, INC.



Principal Place of Business

Mailing Address

11855 QUAIL ROOST DR  
MIAMI FL 33177  
US

11855 QUAIL ROOST DR  
MIAMI FL 33177-3956  
US

3. Date Incorporated or Qualified  
12/05/1984

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2522488

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

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES FL 33134

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 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME PENNEKAMP, TOM  
STREET ADDRESS 1434 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME JOHNSON, BROTHER PAUL  
STREET ADDRESS C/O 726 NE 1 AVE  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VTD  DELETE  
NAME HENNESSEY, WILLIAM, REV.  
STREET ADDRESS C/O 9401 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI SHORES FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE EVD  DELETE  
NAME HONOLD, THOMAS G.  
STREET ADDRESS C/O 1050 NE 125TH ST  
CITY-ST-ZIP N MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME VAUGHAN, REV. JOHN J.  
STREET ADDRESS 9401 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI SHORES FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Honold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Honold 2/28/97 (954) 484-1515  
Date Daytime Phone # 0033167

CR2E037 (9/96)