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0034702

03-09-1999 90117 009 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06503

1. Corporation Name

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

Principal Place of Business

11855 QUAIL ROOST DR
 MIAMI FL 33177
 US

Mailing Address

11855 QUAIL ROOST DR
 MIAMI FL 33177
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 12/05/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2522488

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 remstating)

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 1436 SOUTH MIAMI AVENUE
 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 VTDS 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 hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas G. Honold* SIGNATURE REQUIRED

2/6/99

305-891-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)