2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001803

FILED Jan 26, 2009 Secretary of State

Entity Name: THE FRANCISCANS OF FORT LAUDERDALE, AN ECUMENICAL CATHOLIC COMMUNITY, INC.

Current Principal Place of Business: New Principal Place of Business: 1785 N.W. 39TH PLACE OAKLAND PARK, FL 33309 **Current Mailing Address: New Mailing Address:** 1785 N.W. 39TH PLACE OAKLAND PARK, FL 33309 FEI Number: 80-0208318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KULATZ, CONRAD S 633 SE 3RD AVE., S UITE 4R FORT LAUDERDÂLE, FL 33301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SPINA, JOSEPH C OSF Name: Name: 1785 NE 39TH PLACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TREGLIO, VINCENT OSF Name: Address: 4715 JACKSON STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: (X) Change () Addition SANCHEZ, PETER OSF Name: SMITH, RICHARD OSF Name: 9340 FOUNTAINBLEAU BLVD. Address: Address: 6703 RIO PINAR STREET City-St-Zip: MIAMI, FL 33172 City-St-Zip: NO LAUDERDALE, FL 33068 Title: () Delete Title: () Change () Addition Name: FILIPPELLI, ESTELLE C SFO Name: Address: 6391 SAGEWOOD WAY Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR. JOSEPH C. SPINA, OSF PD 01/26/2009