

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010259

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** MSG. HIGGINS & FATHER CLEMENTS FOUNDATION, INC.

**Current Principal Place of Business:**

1001 S. MACDILL AVENUE  
SUITE 100  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1001 S. MACDILL AVENUE  
SUITE 100  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 45-4275893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, ROBERT C M.D.  
1001 S. MACDILL AVENUE  
SUITE 100  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: HIGGINS, MONSIGNOR L  
Address: 3411 CARACAS  
City-St-Zip: TAMPA, FL 33614

Title: PD  
Name: CURCI, FRAN  
Address: 14707 CROYDON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: SD  
Name: CAPITANO, JOE SR.  
Address: 1320 E. 9TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: D  
Name: FERNANDEZ, ROBERT C M.D.  
Address: 1001 S. MACDILL AVENUE #100  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: CLEMENTS, GEORGE FATHER  
Address: 10226 S. TRUMBULL STREET  
City-St-Zip: EVERGREEN PARK, IL 60805

Title: TD  
Name: COUCH, TED  
Address: 1717 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. FERNANDEZ, M.D.

D

04/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date