

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15544 (2)

1. Corporation Name

THE SALESIAN SISTERS OF TAMPA, INC.

Principal Place of Business

Mailing Address

VILLA MADONNA SCHOOL
315 W COLUMBUS DR
TAMPA FL 33602-1326
US

% SR. SUPERIOR
315 W. COLUMBUS DR.
TAMPA FL 33602-1326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1986

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1172504

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Villa Madonna School

26 c/o Sr. Superior

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 315 W. Columbus Dr.

27 315 W. Columbus Dr.

City & State

City & State

23 Tampa, FLORIDA

28 Tampa, FLORIDA

Zip

Country

24 33602-1326

25

Zip

29 33602-1326

30

Country

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALEM, ALBERT M. JR
4800 W JEBBED BLVD
TAMPA FL 33609

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	KELLY, THERESA
STREET ADDRESS	655 BELMONT AVE.
CITY - ST - ZIP	HALEDON NJ
TITLE	VPD
NAME	BESI, CECILIA
STREET ADDRESS	315 W. COLUMBUS DR.
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	GARZA, ISABEL
STREET ADDRESS	2102 N GOMEZ AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	MARTINEZ, BETTY ANN
STREET ADDRESS	315 W COLUMBUS DR
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	COSENTINO, AGATHA
STREET ADDRESS	655 BELMONT AVE.
CITY - ST - ZIP	HALEDON NJ
TITLE	TD
NAME	FLORES, FANNY
STREET ADDRESS	315 W. COLUMBUS DR.
CITY - ST - ZIP	TAMPA FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	D
43 STREET ADDRESS	GUTIERREZ, ANGELA TERESA
44 CITY - ST - ZIP	226 S.W. 20th Rd. MIAMI, FL
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theresa Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 11, 1995

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131b

KH 4-21-95

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