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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N15544

(2)

THE SALESIAN SISTERS OF TAMPA, INC.

21 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	pplied For ot Applicable Additional lequired May Be to Fees
315 W. COLUMBUS DR TAMPA FL 338024326 US 3. Date incorporated or Qualified	pplied For ot Applicable Additional lequired May Be to Fees
2. Principal Place of Business	pplied For ot Applicable Additional lequired May Be to Fees
Suite, Apt. #, etc. Suite,	ot Applicable Additional equired May Be to Fees
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City & State City & State City	May Be to Fees
Zip	
9. Name and Address of Current Registered Agent SALEM, ALBERT M JR. 4600 W JEBBED BLVD TAMPA FL 33609 11. Pursuant to the provisions of Sections 517.0502 and 517.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its re 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, 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, 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, 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 with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. I Julie PD DELETE 11. III.E PD DELETE 11. III.E VPD DELETE 11. STATE ADDRESS 655 BELMONT AVE. 12. I JULE 12. I JULE 13. STREET ADDRESS 655 BELMONT AVE. 14. GUY-ST-ZIP HALEDON NJ 14. GUY-ST-ZIP 15. WPD DELETE 21. III.E VPD DELETE 22. I JULE 23. STREET ADDRESS 315 W. COLUMBUS DR. 23. STREET ADDRESS 315 W. COLUMBUS DR. 24. GUY-ST-ZIP TAMPA FL 29. STREET ADDRESS 21. STAMPA FL 20. Change Change Change Change Change Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Change Change	
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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 re 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 with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Suprature typed or printed name of registered agent and atte if anpicable. NOTE Registered Agent soruture required when remaining. DATE	
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STREET ADDRESS 655 BELMONT AVE. 53 STREET ADDRESS	
CITY-ST-ZIP HALEDON NJ 54 CITY-ST-ZIP	
TITLE TO Change	
NAME FLORES, FANNY 52 NAME TOSS, Pauline	⊠ Addition
STREET ADDRESS 315 W. COlumbus Dr. 63 STREET ADDRESS 315 W. Columbus Dr.	⊠ Addition
CITY-ST-ZIP TAMPA FL 64CITY-ST-ZIP Tampa, FL	⊠ Addition
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 119.07(3)(k). Florida Statute 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 reach; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	_

SIGNATURE: Pauline Jose Pauline Jose 3-1-96 (813) 229-1322

R2E037 (12/95)