


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15544 (2) 1. Corporation Name THE SALESIAN SISTERS OF TAMPA, INC.					
Principal Place of Business VILLA MADONNA SCHOOL 315 W. COLUMBUS DR. TAMPA FL 33602-1326 US			Mailing Address % SR. SUPERIOR 315 W. COLUMBUS DR. TAMPA FL 33602-1326 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/23/1986 4. FEI Number 59-1172504 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent SALEM, ALBERT M JR. 4600 W JEBBED BLVD TAMPA FL 33609			10. Name and Address of New Registered Agent 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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, THERESA		1.2 NAME		
STREET ADDRESS	655 BELMONT AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALEDON NJ		1.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BESI, CECILIA		2.2 NAME	VPD	
STREET ADDRESS	315 W. COLUMBUS DR.		2.3 STREET ADDRESS	Ryan Elizabeth	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	315 W. Columbus Dr.	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARZA, ISABEL		3.2 NAME		
STREET ADDRESS	2102 N GOMEZ AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, ANGELA TERESA		4.2 NAME		
STREET ADDRESS	226 S.W. 20TH RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSENTINO, AGATHA		5.2 NAME		
STREET ADDRESS	655 BELMONT AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALEDON NJ		5.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSS, PAULINE		6.2 NAME		
STREET ADDRESS	315 W. COLUMBUS DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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.					
SIGNATURE: <i>Pauline Joss</i> SIGNATURE: <i>Pauline Joss</i> 01-05-98 (813) 229-1322 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047931					

CR2E037 (10/97)