

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90013 003 \*\*\*\*70.00

**DOCUMENT # N15544**

1. Entity Name  
**THE SALESIAN SISTERS OF TAMPA, INC.**



Principal Place of Business  
**VILLA MADONNA SCHOOL  
315 W. COLUMBUS DR.  
TAMPA, FL 33602-1306 US**

Mailing Address  
**% SR. SUPERIOR  
315 W. COLUMBUS DR.  
TAMPA, FL 33602-1306 US**

**94024748**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1172504**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALEM, ALBERT M JR.  
4600 W. KENNEDY BLVD.  
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SURPRYS, JUDITH  
STREET ADDRESS 655 BELMONT AVE.  
CITY-ST-ZIP HALEDON, NJ 075082398

TITLE ☒ Change ☐ Addition  
NAME SUPRYS, JUDITH  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME KIM, KERAITIS  
STREET ADDRESS 315 W. COLUMBUS DR  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROCHE, PATRICIA  
STREET ADDRESS 226 SW 20TH RD  
CITY-ST-ZIP MIAMI, FL 331291429

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME DUNN, KAREN  
STREET ADDRESS 2809 MORRISON AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS PENA, CARMEN  
CITY-ST-ZIP 315 W. Columbus Dr.,  
Tampa, Florida 33602

TITLE TD ☒ Delete  
NAME COSENTINO, AGATHA  
STREET ADDRESS 655 BELMONT AVE.  
CITY-ST-ZIP HALEDON, NJ 075082398

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS HOLLOMAN, JOANNE  
CITY-ST-ZIP 655 Belmont Ave.  
Haledon, NJ

TITLE SD ☐ Delete  
NAME ALTAMURA, CATHERINE  
STREET ADDRESS 655 BELMONT AVE  
CITY-ST-ZIP HALEDON, NJ 075082398

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sister Judith Suprys JMA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-04**

Date

**973-790-7945**

Daytime Phone #