2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N15544

Entity Name: THE SALESIAN SISTERS OF TAMPA, INC.

Current Principal Place of Business:

VILLA MADONNA SCHOOL
315 W. COLUMBUS DR.
TAMPA, FL 336021306 US

New Principal Place of Business:

Current Mailing Address:

% SR. SUPERIOR
315 W. COLUMBUS DR.
TAMPA, FL 336021306 US

New Mailing Address:

FEI Number: 59-1172504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEM, ALBERT M JR.
4600 W. KENNEDY BLVD.
TAMPA, FL 33609 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: PD ( ) Delete
Name: SUPRYS, JUDITH
Address: 655 BELMONT AVE.
City-St-Zip: HALEDON, NJ 075082398

Title: VPD ( ) Delete
Name: KIM, KERAITIS
Address: 315 W. COLUMBUS DR
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: ROCHE, PATRICIA
Address: 226 SW 20TH RD
City-St-Zip: MIAMI, FL 331291429

Title: SD ( ) Delete
Name: PENA, CARMEN
Address: 315 W. COLUMBUS DR.
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete
Name: HOLLOMAN, JOANNE
Address: 655 BELMONT AVE.
City-St-Zip: HALEDON, NJ

Title: SD ( ) Delete
Name: ALTAMURA, CATHERINE
Address: 655 BELMONT AVE
City-St-Zip: HALEDON, NJ 075082398

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEVES, PHYLLIS
Address: 655 BELMONT AVE.
City-St-Zip: HALEDON, NJ 075082398

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PENA, CARMEN
Address: 315 W. COLUMBUS DR.
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change ( ) Addition
Name: HOLLOMAN, JOANNE
Address: 655 BELMONT AVE.
City-St-Zip: HALEDON, NJ 07508

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNE HOLLOMAN T 01/12/2006

Electronic Signature of Signing Officer or Director — Date