

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15544

FILED  
Jan 22, 2008  
Secretary of State

**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: NEVES, PHYLLIS  
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: D ( ) Delete  
Name: PENA, CARMEN  
Address: 315 W. COLUMBUS DR.  
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete  
Name: DAUWALTER, SUZANNE  
Address: 655 BELMONT AVE.  
City-St-Zip: HALEDON, NJ 07508

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE ALTAMURA

SD

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date