FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91642 001 ****61.25
04-28-2003 91642 002 *****8.75

55032344

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15544

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

Principal Place of Business	Mailing Address
VILLA MADONNA SCHOOL 315 W. COLUMBUS DR. TAMPA, FL 33602-1326 US	% SR. SUPERIOR 315 W. COLUMBUS DR. TAMPA, FL 33602-1326 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33602-1306 Country	Zip 33602-1306 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1172504 ☐ Applied For ☐ Not Applicable

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's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SURPRYS, JUDITH 655 BELMONT AVE. HALEDON, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition HALEDON, NJ 07508-2398	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KIM, KERAITIS 315 W. COLUMBUS DR TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHE, PATRICIA 3809 MORRISON AVE TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition PATRICIA ROCHE 226 S.W. 20th ROAD MIAMI, FL 33129-1429	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNN, KAREN 2102 N GOMEZ AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition KAREN DUNN 3809 MORRISON AVE TAMPA, FL 33629	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSENTINO, AGATHA 655 BELMONT AVE. HALEDON, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DIRECTOR ☒ Change ☐ Addition AGATHA COSENTINO 655 Belmont Ave. Haledon, NJ. 07508-2398	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD JOSS, PAULINE 315 W. COLUMBUS DR. TAMPA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DIRECTOR ☐ Change ☒ Addition CATHERINE ALTAMURA 655 Belmont Ave. Haledon, NJ 07508-2398	

CR2E037 (10/02)

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.

T/D

SIGNATURE: Sr Agatha Cosentino, FMA SR. AGATHA COSENTINO (973) 790-7965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-24-03 Daytime Phone #