

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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9

95 MAY - 1 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23583**  
1. Corporation Name  
**THE ORDER OF ST. JUDE THADDEUS, INC.**

Principal Place of Business      Mailing Address  
**1400 Coral Springs Dr.      1400 Coral Springs Dr.**  
**Coral Springs, FL 33071      Coral Springs, FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/20/1987      3/15/1994**

4. FEI Number      Applied For  
**59-2838651      Not Applicable**

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

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199 (32), Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip

24. Country      25. Country      29. Country      30. Country

9. Name and Address of Current Registered Agent

**Brys, Louis**  
**1400 Coral Springs Drive**  
**Coral Springs, FL 33071**

10. Name and Address of Now 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brys, Louis Rt Rev Fr	1.2 NAME	
STREET ADDRESS	1400 Coral Springs Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	Coral Springs, FL 33071	1.4 CITY - ST - ZIP	
TITLE	VP/S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noschese, Linda	2.2 NAME	
STREET ADDRESS	1400 Coral Springs Drive	2.3 STREET ADDRESS	<b>700001484797</b>
CITY - ST - ZIP	Coral Springs, FL 33071	2.4 CITY - ST - ZIP	<b>-05/12/95--01003--024</b>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forlano, Catherine	3.2 NAME	
STREET ADDRESS	215 E Main St. Apt. 12A	3.3 STREET ADDRESS	
CITY - ST - ZIP	East Islip, NY 11730	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Grandinetti	4.2 NAME	
STREET ADDRESS	8919 NW 55 Place	4.3 STREET ADDRESS	
CITY - ST - ZIP	Coral Springs, FL 33067	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Militello	5.2 NAME	
STREET ADDRESS	1826 NW 88th Way	5.3 STREET ADDRESS	
CITY - ST - ZIP	Coral Springs, FL 33071	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Castellucia	6.2 NAME	
STREET ADDRESS	4034 Sierra Terrace	6.3 STREET ADDRESS	
CITY - ST - ZIP	Sunrise, FL 33355	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Noschese      LINDA NOSCHESE      4/30/95      (305) 344-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Phone Area & Number)

Additional Director:

D  
Michael Cochran  
3744 N. University Drive  
Coral Springs, FL 33065

2