

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N23583

1. Corporation Name
THE ORDER OF ST. JUDE THADDEUS, INC.

800001830658
-05/20/96--01071--031
***140.00

Principal Place of Business Mailing Address
7550 N. UNIVERSITY DR. TAMARAC, FL 33321 **7550 N. UNIVERSITY DR. TAMARAC, FL 33321**

3. Date Incorporated or Qualified **11/20/1987** 3a. Date of Last Report **5/1/1995**

21	2. Principal Place of Business 7550 N. UNIVERSITY DR.	25	2a. Mailing Address 7550 N. UNIVERSITY DR.	4.	FEI Number 59-2838651	Applied For
22	Suite, Apt #, etc	26	Suite, Apt #, etc	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State TAMARAC, FLORIDA	27	City & State TAMARAC, FLORIDA	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33321	28	Zip 33321	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country BROWARD	29	Country BROWARD			

9. Name and Address of Current Registered Agent BRYS, LOUIS 7550 N. UNIVERSITY DR. TAMARAC, FL 33321				10. Name and Address of New Registered Agent			
81	Name			85	Zip Code		
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City			FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	P/T BRYS, LOUIS RT. REV. FR.
STREET ADDRESS		13 STREET ADDRESS	7550 N. UNIVERSITY DR.
CITY - ST - ZIP		14 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	VP/S LINDA NOSCHESE
STREET ADDRESS		23 STREET ADDRESS	7550 N. UNIVERSITY DR.
CITY - ST - ZIP		24 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOHN GRANDINETTI	32 NAME	
STREET ADDRESS	8919 NW 88th WAY	33 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067	34 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MICHAEL COCHRAN	42 NAME	
STREET ADDRESS	3744 N. UNIVERSITY DR	43 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FORLAND, CATHERINE	52 NAME	
STREET ADDRESS	215 E. MAIN ST. APT. 12A	53 STREET ADDRESS	
CITY - ST - ZIP	EAST ISLIP, NY 11730	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MILITELLO, GEORGE	62 NAME	
STREET ADDRESS	1826 N.W. 88th WAY	63 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	64 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)(k), 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 617, 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 4/24/96 (954) 724-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

N23583

2-2

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Ref. # N23583

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CASTELLUCIA, ANTHONY
4034 SIERRA TERRACE
SUNRISE, FL 33355