

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N23583 (0)
1. Corporation Name
THE ORDER OF ST. JUDE THADDEUS, INC.



Principal Place of Business: 7550 N. UNIVERSITY DR. TAMARAC FL 33321 US
Mailing Address: 7550 N. UNIVERSITY DR. TAMARAC FL 33321-2904 US

3. Date Incorporated or Qualified: 11/20/1987
3a. Date of Last Report: 05/17/1996

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a	31	31a
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Date of Last Report		Applied For		Additional Fee Required		May Be Added to Fees		Yes/No	
1711 N. ST. RD. 7		1711 N. ST. RD. 7		59-2838651		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		05/17/1996		Not Applicable		\$8.75		\$5.00		No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
SUITE J		SUITE J																			
MARGATE, FL		MARGATE, FL																			
33063 USA		33063 USA																			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRYN, LOUIS 7550 N. UNIVERSITY DR. TAMARAC FL 33321				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
				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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYN, LOUIS RT REV FR	1.2 NAME	
STREET ADDRESS	7550 N. UNIVERSITY DR.	1.3 STREET ADDRESS	1711 N. ST. RD. 7, SUITE J
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSCHES, LINDA	2.2 NAME	
STREET ADDRESS	7550 N. UNIVERSITY DR.	2.3 STREET ADDRESS	1711 N. ST. RD. 7, SUITE J
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILITELLO, GEORGE	3.2 NAME	CASTELLUCIA, ANTHONY
STREET ADDRESS	1826 NW 88TH WAY	3.3 STREET ADDRESS	4034 SIERRA TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	SUNRISE, FL 33355
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORLAND, CATHERINE	4.2 NAME	FORLAND, CATHERINE
STREET ADDRESS	215 E MAIN ST APT 12A	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ISLIP NY 11730	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIS, WILLIAM
STREET ADDRESS		5.3 STREET ADDRESS	16 TERRACE WEST WAY #85
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLATTSBURGH, NY 12901
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Linda Noschese
Date: 4-28-97
Daytime Phone #: (954) 971-0055

CR2E037 (9/96)