FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 038 ****61.25

1 1000		
DOCUMENT # 1. Corporation Name	N23583	
TUE ODDED OF CT	HIDE THADDENS IN	10

THE ORDER OF ST. JUDE THADDEUS, INC.

Principal Place of Business

1711 N SR 7

Mailing Address

1711 N SR 7



MARGATE FL US	33063	MANGATE PL 33063 US					
2. Principal Pi	lace of Business 2. N. W. 14 TH COURT	2a. Mailing Address 26 6322 N.W. /	474	COURT	3. Date Incorporated or Qualifed 11/20/1987		
Suite Apt.		Suite, Apt. #, etc.		<u> </u>	4. FEI Number	⊢	pplied For
22		27			59-2838651		ot Applicable
City & State	GATE FL.	City & State 28 MARGATE	. F	Z.	5. Certifcate of Status Desired	Fee R	Additional tequired
Zip 3306	Country 25	Zip 29 33063 30	Country	′	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
1			81	Name			
BRYS, LO			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STEJ	STATE RD 7		83				
	E FL 33063		84	City	<u> </u>	85 Zip	Code
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508, Florida Statutes.	the abov	e-named coroo	pration submits this statement for the purpos	e of changing it	s registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was auth	iorizea dy	r the corporation	n's board of directors. I hereby accept the a	ppointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PT	☐ DELETE	1.1 TITLE	-		☐ Change	Addition
NAME	Brys, Louis RT Rev Fr		12 NAME				
STREET ADDRESS	1711 N SR 7, J		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MARGATE FL		1.4 CITY-5	ST-ZIP	<u> </u>		
TITLE '	VPD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME '	BRYS, HECK CAROL	!	2.2 NAME				
STREET ADDRESS	6322 N.W. 14TH COURT		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-	ST-ZIP			
TITLE ;	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME !	CASTELLUCIA, ANTHONY		3.2 NAME				
STREET ADDRESS	4034 SIERRA TERR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP.	SUNRISE FL		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	WILLIS, WILLIAM		4. 2 NAME				
STREET ADDRESS	16 TERRACE W WAY, 85		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLATTSBURGH NY		4.4 CITY-5	ST-ZIP			
TITLE !		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME :			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6,2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
OTREET AUDITESS			6.4 CITY-5	ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: