

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90059 043 ****61.25

DOCUMENT # N27215
Corporation Name

BON SECOURS - MARIA MANOR NURSING CARE CENTER, I
NC.

Principal Place of Business

4TH ST. N.
PETERSBURG FL 33716

Mailing Address

10300 4TH ST. N.
ST. PETERSBURG FL 33716



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1988

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0067869

Applied For

Not Applicable

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, MICHAEL

10300 4TH STREET NORTH
ST. PETERSBURG FL 33716

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
ROGERS, MARY CATHERINE SR.
10300 4TH STREET NO.
ST. PETERSBURG FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

T
LYONS, LISA
10300 4TH ST., NORTH
ST. PETERSBURG FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

C
ALLEN, MARY WYATT
10300 4TH ST. N.
ST. PETERSBURG FL 33716

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

D
AFASANO, DEBBIE DON
10300 4TH ST. N.
ST. PETERSBURG FL 33716

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

D
SPIKES, MARY
10300 4TH ST. N.
ST. PETERSBURG FL 33716

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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: *[Signature]* REQUIRED

1/8/99

CR2E037 (11/98)