

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35899 (6)
 1. Corporation Name
FLORIDA'S MARIAN CENTER FOR PEACE, INC.



Principal Place of Business % JAMES HYLAND 5700 FOURTH ST. NORTH ST. PETERSBURG FL 33703 US	Mailing Address % JAMES HYLAND 5700 FOURTH ST. NORTH ST. PETERSBURG FL 33703 US
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3. Date Incorporated or Qualified 12/26/1989	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0169178		

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HYLAND, JAMES M. JR.
 1630-C ROYAL PALM DR.
 ST. PETERSBURG FL 33707**

10. Name and Address of New 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 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: *James M. Hyland, Jr.* (NOTE: Registered Agent signature required when reinstating) DATE: **June 30, 1998**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HYLAND, JAMES M. JR.	
STREET ADDRESS	1630 C ROYAL PALM DR.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMBROSY, JUDY	
STREET ADDRESS	9168 BLIND PASS ROAD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREG, FRANK	
STREET ADDRESS	2014 TANGLEWOOD WAY, NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33707
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROMANO, JUDY
2.3 STREET ADDRESS	9160 Blind Pass Road
2.4 CITY-ST-ZIP	St. Petersburg FL 33706
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33702
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *James M. Hyland, Jr.* DATE: **June 30, 1998** (813) 381-6952

CR2E037 (5/98)