

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42940 (9)**  
1. Corporation Name  
**FRANCISCAN CENTER, TAMPA, FLORIDA, INC.**

**FILED APR 13 1996**



Principal Place of Business: **3010 PERRY AVENUE TAMPA FL 33603**  
Mailing Address: **3010 PERRY AVENUE TAMPA FL 33603**

3. Date Incorporated or Qualified: **04/12/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1356360		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent  
**MARQUARDT, EMIL C. JR.  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615**

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 \_\_\_\_\_ (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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HOCHSCHWENDER, MARY C.</del>	1.2 NAME	<b>D HOCHSCHWENDER, MARY C</b>
STREET ADDRESS	<del>2955 KNIGHTS AVENUE</del>	1.3 STREET ADDRESS	<b>2955 KNIGHTS AVE</b>
CITY - ST - ZIP	<del>TAMPA FL</del>	1.4 CITY - ST - ZIP	<b>TAMPA, FL</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BIEBEL, JILL</b>	2.2 NAME	
STREET ADDRESS	<b>2602 CARROLL LAKE ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KEADY, SR. MARY ELLEN</b>	3.2 NAME	
STREET ADDRESS	<b>631 11TH ST. NO.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LEW, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>4124 WINDERMERE PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCNALLY, SR. MARY</b>	5.2 NAME	
STREET ADDRESS	<b>2924 W. CURTIS</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D FOREHAND, HARRY B JR.</b>	6.2 NAME	<b>CD STEFAN ANDRES</b>
STREET ADDRESS	<b>902 GOLF VIEW AVENUE</b>	6.3 STREET ADDRESS	<b>1050 STARKEY RD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	6.4 CITY - ST - ZIP	<b>LARGO, FL 34641-5455</b>

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: Stefan Andres 4-15-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BOARD CHAIRMAN**  
DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)