

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 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 # N42940 (9)
1. Corporation Name
FRANCISCAN CENTER, TAMPA, FLORIDA, INC.



Principal Place of Business 3010 PERRY AVENUE TAMPA FL 33603	Mailing Address 3010 PERRY AVENUE TAMPA FL 33603
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3. Date Incorporated or Qualified 04/12/1991	
4. FEI Number 59-1356360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	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	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 relating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOCHSCHWENDER, MARY C.	
STREET ADDRESS	2955 KNIGHTS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIEBEL, JILL	
STREET ADDRESS	2602 CARROLL LAKE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEADY, SR. MARY ELLEN	
STREET ADDRESS	631 11TH ST. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEW, BOB	
STREET ADDRESS	4124 WINDERMERE PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNALLY, SR. MARY	
STREET ADDRESS	2924 W. CURTIS	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEFAN ANDRES	
STREET ADDRESS	1050 STARKEY RD	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hochschwender, Ellen	
1.3 STREET ADDRESS	4213 Sevilla Street	
1.4 CITY-ST-ZIP	Tampa, FL 33629	
2.1 TITLE	President CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Biebel, Jill	
2.3 STREET ADDRESS	2602 Carroll Lake Street	
2.4 CITY-ST-ZIP	Tampa, FL 33618	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Strenski, Jane	
3.3 STREET ADDRESS	10114 Lake Cove Lane	
3.4 CITY-ST-ZIP	Tampa, FL 33618	
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: *Jill Biebel* 1-15-98 219-2195

CR2E037 (10/97)