

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90041 043 ****70.00

0049575

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42940

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/12/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1356360

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUARDT, EMIL C. JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME HOCHSCHWENDER, ELLEN

STREET ADDRESS 4213 SEVILLA STREET

CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE Change Addition

TITLE CD DELETE

NAME BIEBEL, JILL

STREET ADDRESS 2602 CARROLL LAKE ST

CITY-ST-ZIP TAMPA FL 33618

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE D DELETE

NAME KEADY, SR. MARY ELLEN

STREET ADDRESS 631 11TH ST. NO.

CITY-ST-ZIP ST. PETERSBURG FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE D DELETE

NAME LEW, BOB

STREET ADDRESS 4124 WINDERMERE PLACE

CITY-ST-ZIP SARASOTA FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE D DELETE

NAME MCNALLY, SR. MARY

STREET ADDRESS 2924 W. CURTIS

CITY-ST-ZIP TAMPA FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE D DELETE

NAME STRENSKI, JANE

STREET ADDRESS 10114 LAKE COVE LANE

CITY-ST-ZIP TAMPA FL 33618

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

TITLE D DELETE

NAME STRENSKI, JANE

STREET ADDRESS 10114 LAKE COVE LANE

CITY-ST-ZIP TAMPA FL 33618

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Biebel

3-1-99

813-854-4668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)