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NONPROFIT CORPORATION **ANNUAL REPORT** 1997

CITY+S1-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N45854 (9)

Corporation Name					SECRETARY OF STATE	
ST. FRANCIS VILLAGE, INC.					TALLAHASSE	E. FLORIDA
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			14.90			
Principal Place of Business Mailing Address						
7905 NW 40TH ST. 7905 NW 40TH ST. HOLLYWOOD FL 33024-8314 HOLLYWOOD FL 33024						
HOLLTWOOD P	-L 83024-6314		US			Date of Lead Decemb
					3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Report 02/15/1996
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For
21			26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			City & State			Fee Required
City & State			28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	Country	8. This corporation has liability for	
24	ľ	25	29	30	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	*			81 Demo	A-DIAZ	
DIAZ, ROY A.				82 Street Atid	ress (P.O. Box Number Is Not Accept	able)
11270 SHERIDAN STREET PEMBROKE PINES FL 33026				83	Carporat Better	<u> </u>
FEMBRORE FINES I E 30020				1 5014	e 360	lan Zio Codo
				84 Boco	· Rajon	FL 85 35343/
11. Pursuant to the provisions of Sections 642 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 vith, and accept the obligations of, Section 617 0503, Florida/Statutes.						
agent. I a	m familiar vi	th, and accept the obli	ations of, Section 617,0503, Flor	ridayStatutes	1/27/97	2 21 07
SIGNATURE .		trus	The section of a collection (NOTE:	Registered Agent signature requ	(1) (1)	DATE
Signature oped or printed name of redestated pent and title if applicable. (NOTI 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 13	
TITLE	PD		☐ DELETE	1.1 TITLE	es i anno ano a antigamento a estida	Change Addition
NAME			A.	1.2 NAME	# UPU DE MUTATION (**) 0770321	307218 7-01135-002
STREET ADORESS	HALLSAUAAN EI			1.3 STREET ADDRESS	林琳琳琳来[i]	.25 ******(i) .25
CITY-ST-ZIP		NOUD FL	M DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	VD PEREZ, PEDRO A.		* Deterior	2.2 NAME		
STREET ADDRESS		W 8TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP DELRAY BEACH FL				2.4 CITY-ST-ZIP		
TITLE	VO		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HONAN, RITA PH.D.			3.2 NAME		
STREET ADDRESS		JNIVERSITY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	<u>NTION FL</u>	DELETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		IVAN, JANET	•	4. 2 NAME		•
STREET ADDRESS	14 MAR			4.3 STREET ADDRESS		
CITY-ST-ZIP	MELRO			4.4 CITY-ST-ZIP		
TITLE	STD		DELETE	5.1 TITLE		Change Addition
NAME	DIAZ, R		r	5.2 NAME		
STREET ADDRESS		SHERIDAN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PEMBR	OKE PINES FL	☐ DELETE	5.4 CITY-ST-ZIP 8.1 TITLE		Change Addition
NAME			And District	6.2 NAME	,	A)
STREET ADDRESS				6.3 STREET ADDRESS	, i	74)

14. I do hereby certify that the information supplied with this filling 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 cath; 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 is changed, or on an attachment with an address.

6.4 CITY-ST-ZIP