

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-1-96

B-6301-NE

DOCUMENT # **N46639** (3)

1. Corporation Name
FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAMI BEACH, INC.



Principal Place of Business: **REGION III OFFICE 2924 WEST CURTIS STREET TAMPA FL 33614**
Mailing Address: **REGION III OFFICE 2924 WEST CURTIS STREET TAMPA FL 33614**

3. Date Incorporated or Qualified: **12/30/1991**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **65-0331629**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
29

9. Name and Address of Current Registered Agent
MCNALLY, MARY SISTER O.S.F. REGION III OFFICE 2924 WEST CURTIS STREET TAMPA FL 33614

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARGHITU, MARY SR.	
STREET ADDRESS	POST OFFICE BOX W	
CITY-ST-ZIP	ST. BONAVENTURE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIONTA, MARIE DOLORES SR	
STREET ADDRESS	POST OFFICE BOX W	
CITY-ST-ZIP	ST. BONAVENTURE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIRE, KATHLEEN SR.	
STREET ADDRESS	720 WEST 231 STREET	
CITY-ST-ZIP	BRONX NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LODGE, HELEN ST.	
STREET ADDRESS	168 HOPKINS AVENUE	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, MAUREEN CLARE	
STREET ADDRESS	152 CONSTANT SPRING ROAD #1654	
CITY-ST-ZIP	KINGSTON 8 JA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCNALLY, MARY SR	
STREET ADDRESS	2924 W CURTIS STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: Mary Arghitu of 4/29/96 716-373-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY ARGHITU OSF

CR2E037 (12/95)