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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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  
I BEACH, INC.

Principal Place of Business

Mailing Address

REGION III OFFICE  
2924 WEST CURTIS STREET  
TAMPA FL 33614

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2924 WEST CURTIS STREET  
TAMPA FL 33614



3. Date Incorporated or Qualified

12/30/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNALLY, MARY SISTER O.S.F.  
REGION III OFFICE  
2924 WEST CURTIS STREET  
TAMPA FL 33614

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  
NAME ARGHITTU, MARY SR.  
STREET ADDRESS POST OFFICE BOX W  
CITY-ST-ZIP ST. BONAVENTURE NY

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME GIONTA, MARIE DOLORES SR  
STREET ADDRESS POST OFFICE BOX W  
CITY-ST-ZIP ST. BONAVENTURE NY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MAIRE, KATHLEEN SR.  
STREET ADDRESS 720 WEST 231 STREET  
CITY-ST-ZIP BRONX NY

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME LODGE, HELEN ST.  
STREET ADDRESS 168 HOPKINS AVENUE  
CITY-ST-ZIP HADDONFIELD NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HALL, MAUREEN CLARE  
STREET ADDRESS 152 CONSTANT SPRING ROAD #1654  
CITY-ST-ZIP KINGSTON 8 JA

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S  
NAME MCNALLY, MARY SR  
STREET ADDRESS 2924 W CURTIS STREET  
CITY-ST-ZIP TAMPA FL

6.1 TITLE  
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 Arghittu of  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARY ARGHITTU OSF

4/29/96 716-373-0200

Date

Daytime Phone #

CR2E037 (12/95)