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Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46639 (3)
1. Corporation Name
**FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAMI
I 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 33614-7102
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3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 REGION III OFFICE Suite, Apt. #, etc. 22 631 11th STREET NORTH City & State 23 ST PETERSBURG, FL Zip 24 33705 Country 25 USA	2a. Mailing Address 26 REGION III OFFICE Suite, Apt. #, etc. 27 631 11th STREET NORTH City & State 28 ST PETERSBURG, FL Zip 29 33705 Country 30 USA
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4. FEI Number 65-0331629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 SHARKEY, SISTER GLADYS
82 Street Address (P.O. Box Number is Not Acceptable) REGION III OFFICE
83 631 11th STREET NORTH
84 City ST PETERSBURG FL 85 Zip Code 33705

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 GLADYS SHARKEY, REGIONAL MINISTER *Gladys Sharkey* **4/16/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ARCHITTU, 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIMMINS, SISTER MARGARET MARY
1.3 STREET ADDRESS	POST OFFICE BOX W
1.4 CITY-ST-ZIP	ST. BONAVENTURE NY 14778
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEIDENBORNER, SISTER MARLENE
2.3 STREET ADDRESS	POST OFFICE BOX W
2.4 CITY-ST-ZIP	ST. BONAVENTURE NY 14778
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARDET, SISTER LUCY
3.3 STREET ADDRESS	138 N.E. 111 STREET
3.4 CITY-ST-ZIP	MIAMI SHORES, FL 33161
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HADDAD, SISTER ODETTE
4.3 STREET ADDRESS	17857-C JAMESTOWN WAY
4.4 CITY-ST-ZIP	LUTZ, FL 33549
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHARKEY, SISTER GLADYS
6.3 STREET ADDRESS	631 11th STREET NORTH
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.01(5)(b), 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: *Gladys Sharkey* **4/16/97** **33705**

CP2E037 (9/96)