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FILED  
Aug 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46639 (3)**  
1. Corporation Name  
**FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAMI BEACH, INC.**



Principal Place of Business <b>REGION III OFFICE 2924 WEST CURTIS STREET TAMPA FL 33614</b>	Mailing Address <b>REGION III OFFICE 2924 WEST CURTIS STREET TAMPA FL 33614-7102</b>
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2. Principal Place of Business <b>21 REGION III OFFICE</b> Suite, Apt. #, etc. <b>22 631 11th STREET NORTH</b> City & State <b>23 ST PETERSBURG, FL</b> Zip <b>24 33705</b>	2a. Mailing Address <b>26 REGION III OFFICE</b> Suite, Apt. #, etc. <b>27 631 11th STREET NORTH</b> City & State <b>28 ST PETERSBURG, FL</b> Zip <b>29 33705</b> Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>12/30/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0331629</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>SHARKEY, SISTER GLADYS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>REGION III OFFICE</b>
83 <b>631 11th STREET NORTH</b>
84 City <b>ST PETERSBURG</b> <b>FL</b> 85 Zip Code <b>33705</b>

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 *Sister Gladys T. Sharkey of* DATE **4/16/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(6)(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.

CP2E037 (9/96)