


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**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<br>631 11TH STREET NORTH<br>ST PETERSBURG FL 33705<br>US |                                | REGION III OFFICE<br>631 11TH STREET NORTH<br>ST PETERSBURG FL 33705<br>US |                     |
| 21   | 2. Principal Place of Business | 26   | 2a. Mailing Address |
| 22   | Suite, Apt. #, etc.            | 27   | Suite, Apt. #, etc. |
| 23   | City & State                   | 28   | City & State        |
| 24   | Zip                            | 29   | Zip                 |
| 25   | Country                        | 30   | Country             |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 12/30/1991  |
| 4. FEI Number   | 65-0331629  |
| Applied For   | 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                |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

9. Name and Address of Current Registered Agent

**SHARKEY, SISTER G**  
REGION III OFFICE  
631 11TH STREET NORTH  
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 Gladys Sharkey, Regional Minister *G. Sharkey* DATE 2/11/98

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>KIMMINS, SISTER M MARY</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>WEIDNENBORNER, SISTER M</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>MARDET, SISTER L</b>               |                                 |
| STREET ADDRESS | <b>138 NE 111 STREET</b>              |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL</b>                |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>HADDAD, SISTER O</b>               |                                 |
| STREET ADDRESS | <b>17857-C JAMESTOWN WAY</b>          |                                 |
| CITY-ST-ZIP    | <b>LUTZ FL</b>                        |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>HALL, MAUREEN CLARE</b>            |                                 |
| STREET ADDRESS | <b>182 CONSTANT SPRING ROAD #1654</b> |                                 |
| CITY-ST-ZIP    | <b>KINGSTON 8 JA</b>                  |                                 |
| TITLE          | <b>S</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>SHARKEY, SISTER G</b>              |                                 |
| STREET ADDRESS | <b>631 11TH STREET NORTH</b>          |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>               |                                 |

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          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>CARDET, Sister L</b>   |
| 3.3 STREET ADDRESS | <b>138 NE 111 Street</b>  |
| 3.4 CITY-ST-ZIP    | <b>Miami Shores, FL</b>   |
| 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          | <b>300002428150</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>-02/11/98--01088--030</b>  |
| 6.3 STREET ADDRESS | <b>***122.50</b>  |
| 6.4 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing 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 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 *G. Sharkey* 813/824-0857

CR2E037 (10/97)