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FILED
Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION- ANNUAL REPORT 1998		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 MIAM I BEACH, INC.

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

3. Date Incorporated or Qualified 12/30/1991
4. FEI Number 65-0331629
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 *X Gladys Sharkey* 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	<input type="checkbox"/> DELETE
NAME	D KIMMINS, SISTER M MARY
STREET ADDRESS	POST OFFICE BOX W
CITY-ST-ZIP	ST. BONAVENTURE NY
TITLE	<input type="checkbox"/> DELETE
NAME	D WEIDNENBORNER, SISTER M
STREET ADDRESS	POST OFFICE BOX W
CITY-ST-ZIP	ST. BONAVENTURE NY
TITLE	<input type="checkbox"/> DELETE
NAME	D MARDET, SISTER L
STREET ADDRESS	138 NE 111 STREET
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HADDAD, SISTER O
STREET ADDRESS	17857-C JAMESTOWN WAY
CITY-ST-ZIP	LUTZ FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HALL, MAUREEN CLARE
STREET ADDRESS	182 CONSTANT SPRING ROAD #1654
CITY-ST-ZIP	KINGSTON 8 JA
TITLE	<input type="checkbox"/> DELETE
NAME	S SHARKEY, SISTER G
STREET ADDRESS	631 11TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D CARDET, Sister L
3.3 STREET ADDRESS	138 NE 111 Street
3.4 CITY-ST-ZIP	Miami Shores, FL
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 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 X Gladys Sharkey *2/11/98* **813/824-0857**

CR2E037 (10/97)