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**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N46639**

1. Corporation Name

**FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAMI  
 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/30/1991

4. FEI Number

65-0331629

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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

**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 Gladys Sharkey, Regional Minister

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

**D  
 NAME KIMMINS, SISTER M MARY  
 STREET ADDRESS POST OFFICE BOX W  
 CITY-ST-ZIP ST. BONAVENTURE NY**

TITLE  DELETE

**D  
 NAME WEIDNENBORNER, SISTER M  
 STREET ADDRESS POST OFFICE BOX W  
 CITY-ST-ZIP ST. BONAVENTURE NY**

TITLE  DELETE

**D  
 NAME CARDET, SISTER L  
 STREET ADDRESS 138 NE 111 STREET  
 CITY-ST-ZIP MIAMI SHORES FL**

TITLE  DELETE

**D  
 NAME HADDAD, SISTER O  
 STREET ADDRESS 17857-C JAMESTOWN WAY  
 CITY-ST-ZIP LUTZ FL**

TITLE  DELETE

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

TITLE  DELETE

**S  
 NAME 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  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

**WEIDENBORNER, Sister M.  
 Post Office Box W  
 St. Bonaventure, NY**

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

**Haddad, Sister O  
 3939 Shoreside Circle  
 Tampa, FL 33624**

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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)(l), 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, with all other like empowered.

SIGNATURE: *Gladys Sharkey*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. Gladys Sharkey

2/23/99

727/824-0857

Date

Daytime Phone #

CR2E037 (11/98)