

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90111 040 ****61.25

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DOCUMENT # N46639

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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 **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **S** ☐ DELETE

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 **WEIDENBORNER, Sister M.**
2.3 STREET ADDRESS **Post Office Box W**
2.4 CITY-ST-ZIP **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 **Haddad, Sister O**
4.3 STREET ADDRESS **3939 Shoreside Circle**
4.4 CITY-ST-ZIP **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)(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, with all other like empowered.

SIGNATURE: **Gladys Sharkey** **SIGNATURE REQUIRED** Sr. Gladys Sharkey

2/23/99

727/824-0857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)