

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0061305

04-24-2001 90324 010 \*\*\*\*\*61.25

**DOCUMENT # N46639**  
 1. Entity Name  
**FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAM**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0331629</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SHARKEY, SISTER G~~  
 REGION III OFFICE  
 631 11TH STREET NORTH  
 ST PETERSBURG FL 33705

7. Name and Address of New Registered Agent  
 Name **Stagnaro, Sister Kathleen**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE *Sister Kathleen Stagnaro* DATE **4-20-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIMMINS, SISTER M MARY</b> <b>POST OFFICE BOX W</b> <b>ST. BONAVENTURE NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEIDENBORNER, SISTER M</b> <b>POST OFFICE BOX W</b> <b>ST. BONAVENTURE NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARDET, SISTER L</b> <b>138 NE 111 STREET</b> <b>MIAMI SHORES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>HADDAD, SISTER O</b></del> <del><b>3939 SHORESIDE CIRCLE</b></del> <del><b>TAMPA FL 33624</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>HALL, MAUREEN CLARE</b></del> <del><b>152 CONSTANT SPRING ROAD #1654</b></del> <del><b>KINGSTON 8 JA</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <del><b>SHARKEY, SISTER G</b></del> <del><b>631 11TH STREET NORTH</b></del> <del><b>ST PETERSBURG FL</b></del> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Chin Fatt, Sister Avril</b> <b>16 Old Hope Rd.</b> <b>Kingston 5 JA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Magee, Sister Margaret</b> <b>Post Office Box W</b> <b>St. Bonaventure, NY 14778-2302</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Stagnaro, Sister Kathleen</b> <b>631 11th Street North</b> <b>St. Petersburg, FL 33705</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sr. Margaret Magee of* Sr. Margaret Magee of **4-10-01** 716 373-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)