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**Jan 31 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49702 (6)

1. Corporation Name
VILLA FRANCISCAN, INC.



Principal Place of Business: **8995 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410**
Mailing Address: **POST OFFICE BOX 109650
PALM BEACH GARDENS FL 33410-9650
US**

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **65-0349169** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES FL 33134**

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: _____ (NOTE: Registered Agent signature required when relistating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MC MAHON, REV. MSGR, J.
STREET ADDRESS	370 S.W. THIRD ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MURPHY, REVEREND RICHARD
STREET ADDRESS	1200 E. 10TH ST.
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCSWEENEY, REV. WILLIAM
STREET ADDRESS	200 WEST 20TH ST.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	CHARPENTIER, MARCEL
STREET ADDRESS	9995 N MILITARY TR.
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, RANDY K., SR.
STREET ADDRESS	3965 INVESTMENT LANE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PIETIG, GENEVIEVE
STREET ADDRESS	220 LAKE DR #301
CITY-ST-ZIP	PALM BEACH GRDNS 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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: *Marcel Charpentier* **Marcel Charpentier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary/Treasurer**
Date: **1-15-97** Daytime Phone # **407-775-9560**

CR2E037 (9/96)