


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49702</b> 1. Entity Name <b>VILLA FRANCISCAN, INC.</b>	
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Principal Place of Business <b>2101 AVENUE F RIVIERA BEACH, FL 33404</b>	Mailing Address <b>POST OFFICE BOX 109650 PALM BEACH GARDENS, FL 33410 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0349169</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FITZGERALD, J. PATRICK**  
**110 MERRICK WAY**  
**SUITE 2-C**  
**CORAL GABLES, FL 33134**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC MAHON, REV. MSGR, J. 370 S.W. THIRD ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, REVEREND RICHARD 1200 E. 10TH ST. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMEL, DENIS 9995 N MILITARY TRL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MCGINLEY, KEVIN 2240 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPES, ROBERT 1190 DOLPHIN ROAD RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILA, THOMAS 9995 N MILITARY DR PALM BEACH GARDENS, FL 33410

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 03/07/07-80051-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Thomas B. Bila* **2/21/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #