

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:30

DOCUMENT # N51337 (6)

1. Corporation Name

THE SISTERS OF MERCY MINISTRY CORPORATION

Principal Place of Business

Mailing Address

4841 NE 20TH AVE.
FT. LAUDERDALE FL 33308

4841 NE 20TH AVE.
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **02/02/1994**

4. FEI Number **65-0377559** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAER, M. GENEVRA
4841 NE 20TH AVE.
FT. LAUDERDALE FL 33308**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SCULLY, JANE RSM**
STREET ADDRESS **4841 NE 20TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **BAER, GENEVRA, RSM**
1.3 STREET ADDRESS **4841 NE 20th. Ave.**
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **VD**
NAME **BAER, GENEVRA RSM**
STREET ADDRESS **4841 NE 20TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **DRISCOLL, ANN, RSM**
2.3 STREET ADDRESS **4841 NE 20th. AVE**
2.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **SD**
NAME **SERJAK, CYNTHIA RSM**
STREET ADDRESS **3333 FIFTH AVE**
CITY-ST-ZIP **PITTSBURGH PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **WELSH, SUSAN RSM**
STREET ADDRESS **3333 FIFTH AVE**
CITY-ST-ZIP **PITTSBURGH PA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **SCHMIDT, MARY RSM**
STREET ADDRESS **4841 NE 20TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **RITCHIE, MARGARET, RSM**
5.3 STREET ADDRESS **4841 NE 20th AVE**
5.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D**
NAME **DRISCOLL, ANN RSM**
STREET ADDRESS **4841 NE 20TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **SCULLY, JANE, RSM**
6.3 STREET ADDRESS **4841 NE 20th. AVE.**
6.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Susan Welsh, RSM **SUSAN WELSH, RSM/TREASURER 1/24/95 (412) 578-6191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #