

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 05 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

02/07/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BAER, GENEVRA R**
STREET ADDRESS **4841 NE 20TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **DRISCOLL, ANN R**
STREET ADDRESS **4841 NE 20TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

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

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

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

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☒ DELETE

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

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SCULLY, JANE R**
STREET ADDRESS **4841 NE 20TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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**

1/27/96 (412) 578-6191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)