


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N51337** (6)

1. Corporation Name

THE SISTERS OF MERCY MINISTRY CORPORATION



| | |
|---|--|
| Principal Place of Business 4841 NE 20TH AVE. FT. LAUDERDALE FL 33308 | Mailing Address 4841 NE 20TH AVE. FT. LAUDERDALE FL 33308-4513 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/19/1992 | 3a. Date of Last Report 02/05/1996 |
|--|--|

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|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0377559 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAER, GENEVRA R | 1.2 NAME | BIGLEY, MARY |
| STREET ADDRESS | 4841 NE 20TH AVE. | 1.3 STREET ADDRESS | 4841 NE 20th.AVE |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | FORT LAUDERDALE FL 33308 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DRISCOLL, ANN R | 2.2 NAME | RITCHIE, MARGARET |
| STREET ADDRESS | 4841 NE 20TH AVE. | 2.3 STREET ADDRESS | 4841 NE 20th. AVE. |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | FORT LAUDERDALE FL 33308 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SERJAK, CYNTHIA RSM | 3.2 NAME | |
| STREET ADDRESS | 3333 FIFTH AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELSH, SUSAN RSM | 4.2 NAME | |
| STREET ADDRESS | 3333 FIFTH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCULLY, JANE R | 5.2 NAME | |
| STREET ADDRESS | 4841 NE 20TH AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Susan Welsh, RSM, TREAS. **3/28/97** (412) 578-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034401

CR2E037 (9/96)