

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002214 (4)

1. Corporation Name

BROTHERS OF ST. PHILOMENA, INC.

Principal Place of Business

1948 SW 9TH ST
MIAMI FL 33135

Mailing Address

PO BOX 451623
MIAMI FL 33245-1623



3. Date Incorporated or Qualified
05/03/1994

3a. Date of Last Report
11/01/1995

2. Principal Place of Business

21 6401 Roosevelt ST.

2a. Mailing Address

26 6401 Roosevelt st.

Suite, Apt. #, etc.

27 Hollywood Florida

City & State

23 Hollywood Florida

City & State

28 33024

Zip

Country

24 33024

29 33024

30

4. FEI Number
NOT APPLICABLE

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

BROTHER JOHN-PAUL BRUCE BALTIMORE
1948 SW 9TH ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
Br. John-Paul Bruce Baltimore

82 Street Address (P.O. Box Number is Not Acceptable)
6401 Roosevelt Street

83 Hollywood

84 City
Hollywood

33024 Zip Code
FL

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

Bruce Baltimore President

June 25, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BALTIMORE, BR. JOHN PAUL B.
STREET ADDRESS 1948 SW 9TH STREET
CITY - ST - ZIP MIAMI FL 33135

DELETE

TITLE D
NAME AMICA, MICHAEL
STREET ADDRESS 1350 NW 126 WAY
CITY - ST - ZIP SUNRISE FL 33323

DELETE

TITLE D
NAME TELSON, MONICA
STREET ADDRESS 11126 N HARMONY LAKE CIRCLE
CITY - ST - ZIP DAVIE FL 33324

DELETE

TITLE D
NAME WHITE, BRIAN
STREET ADDRESS 1348 SW 9TH STREET
CITY - ST - ZIP MIAMI FL 33135

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

NEW ADDRESS:

6401 Roosevelt St.
Hollywood FL 33024

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

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

Change Addition

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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:

Bruce Baltimore Bruce BALTIMORE 06/25/96 (954) 981-4436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)