

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002214 (4)**

1. Corporation Name

BROTHERS OF ST. PHILOMENA, INC.

Principal Place of Business 6401 ROOSEVELT ST HOLLYWOOD FL 33024 US	Mailing Address 6401 ROOSEVELT STREET HOLLYWOOD FL 33024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 113 old Chipley Road Suite, Apt. #, etc. 22		2a. Mailing Address 26 113 old Chipley Road Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/03/1994		3a. Date of Last Report 06/28/1996	
City & State 23 PINE Mountain GA Zip 24 31822 Country 25 USA		City & State 28 PINE Mountain GA Zip 29 31822 Country 30 USA		4. FEI Number NOT APPLICABLE		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BALTIMORE, JOHN-PAUL BRUCE 6401 ROOSEVELT STREET HOLLYWOOD FL 33024				10. Name and Address of New Registered Agent 81 Name BALTIMORE, John-Paul - Bruce 82 Street Address (P.O. Box Number is Not Acceptable) 8710 SW 18 Terrace. 83 84 City MIAMI Florida FL 85 Zip Code 33165			
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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 (Current Registered Agent) DATE 07-22-1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTIMORE, BR. JOHN PAUL B.	1.2 NAME	BALTIMORE, Br. John Paul B.
STREET ADDRESS	6401 ROOSEVELT STREET	1.3 STREET ADDRESS	8710 SW 18 Terrace
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	MIAMI Florida 33165
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICA, MICHAEL	2.2 NAME	
STREET ADDRESS	1350 NW 126 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELSON, MONICA	3.2 NAME	
STREET ADDRESS	11126 N HARMONY LAKE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BRIAN	4.2 NAME	
STREET ADDRESS	1348 SW 9TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 Bruce Baltimore DATE 07-22-1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)

CR2E037 (4/97)