

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>113 OLD CHIPLEY ROAD PINE MOUNTAIN GA 31822 US</b>	Mailing Address <b>113 OLD CHIPLEY ROAD PINE MOUNTAIN GA 31822 US</b>
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3. Date Incorporated or Qualified <b>05/03/1994</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <b>BALTIMORE, JOHN-PAUL BRUC 8710 SW 19 TERRACE MIAMI FL 33165</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BALTIMORE, JOHN-PAUL BRUC</b>
STREET ADDRESS	<b>8710 SW 19 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMICA, MICHAEL</b>
STREET ADDRESS	<b>1350 NW 126 WAY</b>
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TELSON, MONICA</b>
STREET ADDRESS	<b>11126 N HARMONY LAKE CIRCLE</b>
CITY-ST-ZIP	<b>DAVIE FL 33324</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WHITE, BRIAN</b>
STREET ADDRESS	<b>1348 SW 9TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33135</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *John Paul Bruc* **7-9** **28 1998**

CR2E037 (10/97)