



02-04-2004 90076 010 ****61.25

DOCUMENT # N95000003641 1. Entity Name THE FRANCISCANS OF FORT LAUDERDALE, INC.				Secretary of State 02-04-2004 90076 010 ****61.25	
Principal Place of Business 633 SE 3 AVE SUITE 4R FT LAUDERDALE FL 33301		Mailing Address 1785 NW 39TH PLACE OAKLAND PARK FL 33309-4452		00406103	
2. Principal Place of Business 1785 NW 39 Place Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Oakland Park, FL		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
Zip 33309-4452		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KULATZ, CONRAD S 633 SE 3 AVE SUITE 4R FT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name Terry G. Villaire Street Address (P.O. Box Number is Not Acceptable) 3459 Pierce Street City Hollywood FL Zip Code 33021		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Rt. Rev. Terry G. Villaire - Bishop <i>Rt. Rev. Terry G. Villaire - Bishop</i> 1-27-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <input type="checkbox"/> Delete NAME SPINA, JOSEPH C STREET ADDRESS 1785 NW 39TH PLACE CITY-ST-ZIP OAKLAND PARK FL 33309-4452			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE OD <input type="checkbox"/> Delete NAME FILIPPELLI, ESTELLE C STREET ADDRESS 6391 SAGEWOOD WAY CITY-ST-ZIP DELRAY BEACH FL 33484			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input checked="" type="checkbox"/> Delete NAME SPINA, GENEVIEVE P STREET ADDRESS 1510 SW 22 WAY CITY-ST-ZIP DEERFIELD BEACH FL 33442			TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bruno J. Filippelli STREET ADDRESS 6391 Sagewood Way CITY-ST-ZIP Delray Beach, FL 33484		
TITLE TD <input checked="" type="checkbox"/> Delete NAME SPINA, ROSE P STREET ADDRESS 1510 SW 22 WAY CITY-ST-ZIP DEERFIELD BEACH FL 33442			TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Paul Anthony Trocola STREET ADDRESS 2830 NE 56 Court CITY-ST-ZIP Fort Lauderdale, DFL 33308		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Fr. Joseph C. Spina, OSF director <i>Fr. Joseph C. Spina</i> 1-27-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					