

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 020 ****61.25

DOCUMENT # N95000003641

1. Entity Name

THE FRANCISCANS OF FORT LAUDERDALE, INC.



Principal Place of Business

1785 NW 39 PLACE
FORT LAUDERDALE FL 33309-4452

Mailing Address

1785 NW 39TH PLACE
OAKLAND PARK FL 33309-4452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAIRE, TERRY G
3459 PIERCE STREET.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Vincent P. Treglio

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

4715 Jackson 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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	OD	<input type="checkbox"/> Delete
NAME	FILIPPELLI, ESTELLE C	
STREET ADDRESS	6391 SAGEWOOD WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FILIPPELLI, BRUNO J	
STREET ADDRESS	6391 SAGEWOOD WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TROCOLA, PAUL ANTHONY	
STREET ADDRESS	2830 NE 56 CT.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Richard	
STREET ADDRESS	6703 Rio Pinar St.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Fr. Joseph C. Spina, OSF

3/8/05

954-731-8173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #