

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003641

1. Entity Name

THE FRANCISCANS OF FORT LAUDERDALE, INC.



Principal Place of Business

Mailing Address

1785 NW 39 PLACE.
OAKLAND PARK FL 33309-4452

1785 NW 39TH PLACE
OAKLAND PARK FL 33309-4452



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

TREGGIO, VINCENT P
4715 JACKSON ST
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME
D SPINA, JOSEPH C ☐ Delete
STREET ADDRESS 1785 NW 39TH PLACE
CITY-STATE-ZIP OAKLAND PARK FL 33309-4452

TITLE NAME
OD FILIPPELLI, ESTELLE C ☐ Delete
STREET ADDRESS 6391 SAGEWOOD WAY
CITY-STATE-ZIP DELRAY BEACH FL 33484

TITLE NAME
TD SMITH, RICHARD ☐ Delete
STREET ADDRESS 6703 RIO PINAR ST
CITY-STATE-ZIP N LAUDERDALE FL 33068

TITLE NAME
SD MCGUIRE, JASON ☐ Delete
STREET ADDRESS 1785 NW 39 PL
CITY-STATE-ZIP OAKLAND PARK FL 33309

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
U00000602241 ☐ Change ☐ Addition
01/26/07-80081-020 61.25
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Father Joseph Spina, OSF

Joseph Spina, OSF

1/22/07

954-731-8173