

FILE NOW: FILING FEE IS \$61.25

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Apr 11 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 # **N96000002862 (8)**

1. Corporation Name

THE SISTER MARGARET FREEMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**863 THIRD AVENUE, NORTH
ST. PETERSBURG FL 33701**

**863 THIRD AVENUE, NORTH
ST. PETERSBURG FL 33701-2703**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1996		3a. Date of Last Report N/A	
21		26		4. FEI Number 31-1470427		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NOVILLA, MICHAEL F ESQ 3806 CENTRAL AVENUE ST. PETERSBURG FL 33711				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 **N/A**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DUSSEAULT, NORMAN	1.2 NAME	
STREET ADDRESS	863 THIRD AVENUE, NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHATZEL, PETER	2.2 NAME	
STREET ADDRESS	863 THIRD AVENUE, NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIVER, ROBERT	3.2 NAME	
STREET ADDRESS	863 THIRD AVENUE, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MARY WYATT	4.2 NAME	
STREET ADDRESS	863 THIRD AVENUE, NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NOVILLA, MICHAEL F	5.2 NAME	
STREET ADDRESS	863 THIRD AVENUE, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-821-1200

Date

Daytime Phone # 0048800

CR2E037 (9/96)