NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9600002862

THE SISTER MARGARET FREEMAN FOUNDATION, INC.

Principal Place of Business					
863 THIRD AVENUE, NOR ST. PETERSBURG FL 337					

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

863 THIRD AVENUE, NORTH ST. PETERSBURG FL 33701

FILED Mar 04, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

05/23/1996 4. FEI Number

Suite, Apr. #, etc.		27		31-1470427	Not Applicable				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State						\$8.75 A	
23		28				5. Certifcate of Status Desired	K X	Fee Re	
Zip	Country	Zip	Cou			6. Election Campaign Financing		\$5.00	•
24	25	29	30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	legistered	Agent	
			Ţ	81	Name	,			
NOVILLA :	MICHAEL F ESQ			82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
	TRAL AVENUE			~		First Ave N	,		
	RSBURG FL 33711			83				•	
OI. I LILI	IODONG I E 357 I I				a :			85 Zip C	odo
				84	City		FL	- 33	710
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florid	a Statutes, the at	oove	-named corpor	ration submits this statement for the	purpose of	changing its	registered
office or re agent. I ar	egistered agent, or both, in the State of named agent, and accept the obligation	rionga. Such chang ons of, Section 617.0	e was authorized 503, Florida Statt	ا yy .tes	nie corporation	is board or directors. Thereby accep	ν αιο αρλο	manont as 185	,,,,,,,,,,,
-		•	•						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent	t signature required t		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS A		
TILE (D	□ DE	LETE 1,1 TI	lΕ				Change	☐ Addition
NAME	DUSSEAULT, NORMAN		1.2 NA	ME					
STREET ADDRESS	863 THIRD AVENUE, NORTH		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CI	TY-ST	-ZIP				
TITLE	D	□ DE	LETE 2.1 Π	Ί.E	•			☐ Change	☐ Addition
NAME	SCHATZEL, PETER		2.2 NA	ME					
STREET ADDRESS	863 THIRD AVENUE, NORTH		2.3 ST	REET	ADDRESS				-
CITY-ST-ZIP	ST. PETERSBURG FL 33701		2.4 CI	TY-S	T-ZIP				
TITLE	D	☐ DÉ	LETE 3.1 Tri	LE				Change	☐ Addition
NAME	SIVER, ROBERT		3.2 NA	ME					
STREET ADDRESS	863 THIRD AVENUE, NORTH		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		3.4. C	TY-S	T-ZIP				
TITLE	D	☐ DE	LETE 4.1 TI	ſΈ				☐ Change	☐ Addition
NAME	ALLEN, MARY WYATT		4. 2 N	AME					
STREET ADDRESS	863 THIRD AVENUE, NORTH		4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		4.4 CI	TY-ST	-ZIP				
TITLE	D	☐ DE	1					Change	☐ Addition
NAME	NOVILLA, MICHAEL F		5.2 NA						
STREET ADDRESS	863 THIRD AVENUE, NORTH		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		5.4 CI		-ZIP				
TITLE		☐ DE	•					Change	Addition
NAME			6.2 NA	ME		•			
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-SI	r-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, with all other like empowered.

SIGNATURE:



2-12-99

727-821-1200

Applied For