


FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90120 048 ****61.25

0003109

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000000961

1. Corporation Name

OLD SACRED HEART/ST. RITA'S RESTORATION COMMITTEE, INC.

Principal Place of Business

453 OAK ST
 NEW SMYRNA BEACH FL 32168

Mailing Address

453 OAK ST
 NEW SMYRNA BEACH FL 32168



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/17/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3436288
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RAKOWSKI, MARK
623 GOODWIN AVE
NEW SMYRNA BEACH FL 32169

* note address change below

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Mary S. Harrell Mary S. Harrell DATE 4-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	TD
NAME	HARRELL, MARY	1.2 NAME	Treasurer
STREET ADDRESS	453 OAK STREET	1.3 STREET ADDRESS	Rudolph Clearc
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	7808 Hillwill Avenue
	<input type="checkbox"/> DELETE		Orlando FL 32809-6935
TITLE	SD	2.1 TITLE	SD
NAME	RAKOWSKI, MARK	2.2 NAME	Secretary
STREET ADDRESS	623 GOODWIN AVENUE	2.3 STREET ADDRESS	Mark Rakowski
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	799 E 9th Avenue
	<input type="checkbox"/> DELETE		New Smyrna Beach FL 32169
TITLE	TD	3.1 TITLE	
NAME	WILLIAMS, PAT	3.2 NAME	
STREET ADDRESS	710 CAVEDO STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
	<input checked="" type="checkbox"/> DELETE		
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		

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: Mary S. Harrell Mary S. Harrell DATE 4-27-99 DAYTIME PHONE # 904-428-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)