FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000002773 (6)

IN THE LIGHT OF SAINT FRANCIS MINISTRIES, INC.

							
Principal Place of Business Mailing Address							
1923 BRAE MOOR DR.			1923 BRAE MOOR DR.			3. Date Incorporated or Qualified	
DUNEDIN FL 3	4696	Dunedin Fl	34696			05/12/1997	
						4. FEI Number	
A 53-22-15		6	an a	1		Not Applicab	
· ·	lace of Business	2a. Mailing	Paress 677			5. Certificate of Status Desired \$8.75 Additional	
Sulte, Apt.	#. etc.	26 Suite. A	ot. #, etc.	345		6. Election Campaign Financing \$5.00 May Be	
22 27			2000, 400, 200			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	6	City & S	tat e			7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes ☑ No	
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Cu		29 30 30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	
 -	F. Name Bild Address of Co	Helit Hegistered Ağ	9111	81	Name		
HOLTEV	AAADGADET A						
HOLTEY, MARGARET A 1923 BRAE MOOR DR.				82	Street A	t Address (P.O. Box Number is Not Acceptable)	
	N FL 34698			83	l,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	Car	85 Zip Code	
					City	FL i i	
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.							
agent. I a	m familiar with, and accept the o	bligations of, Section	617.0503, Florid	la Statutes	, the corpo 3.	rporation a board or directors. Thereby accept the appointment as registered	
SIGNATURE							
12.		AND DIRECTORS	(NOTE: Re	13.	int signature re	re required when relinerating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 TITLE	T	Change Adolsi	
NAME	HOLTEY, BLAIR J			1.2 NAME			
STREET ADDRESS	1923 BRAE MOOR DR.			1.3 STREET	ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698			1.4 CITY-S	T-ZIP	<u> </u>	
TITLE	D	L	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HOLTEY, MARGARET A			2.2 NAME		to.	
STREET ADORESS	1923 BRAE MOOR DR.			2.3 STREET			
CITY-ST-ZIP TITLE	DUNEDIN FL 34698		DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	Change Addition	
NAME	ALVAREZ, ALEJANDRO			3.2 NAME		Crisings Multit	
STREET ADDRESS	703 7TH TERRACE			3.3 STREET	ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS	FL 33418		3.4. CITY - 5			
TITLE			DELETE	4.1 TITLE	1	Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			I DELETE	4.4 CITY-S	T-ZIP		
TITLE		L	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME	ADDRESS		
STREET ADDRESS				5.3 STREET	- 1	<u> </u>	
CITY-ST-ZIP			DELETE	5.4 CITY - S 6.1 TITLE	1-211	Change Addition	
NAME		•		6.2 NAME		John State of the	
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-S			
4.4							

4. Thereby 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.

CIGNIATURE.

Blin 1 dal

Blaza J. Holten

Aril 27 98 (813) 738-8269

FILED

May 14 1998 8:00am

Secretary of State