

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90002 021 ****61.25

DOCUMENT #

1. Corporation Name

N97000004090

St. JOSEPH BENEVOLENT Alliance

Principal Place of Business

Mailing Address



* 6 8 509684 - 90005 - 4 4 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1960 US#1 South	26	1960 US#1 South	Aug 95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	PMB 48	27	PMB 48	59-3334865	
City & State		City & State		5. Certificate of Status Desired	
23	St. Augustine FL	28	St. Augustine FL	No \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24	32086	29	32086	No \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25	USA	30	USA	No	

9. Name and Address of Current Registered Agent

Donald J. Segui, JR.
P.O. Box 4325 34 CORDOVA ST.
St. Augustine FL 32085 32084

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Donald J. Segui DONALD J. SEGUI JR. May 28, 1999
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Marciana D. Segui
CITY-ST-ZIP		1.4 CITY-ST-ZIP	34 CORDOVA ST. St. Augustine FL 32084 32085
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	Secretary/Treasurer
STREET ADDRESS		2.3 STREET ADDRESS	Emma R. Segui
CITY-ST-ZIP		2.4 CITY-ST-ZIP	34 CORDOVA ST. St. Augustine FL 32084
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Jamarc Caldwell
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6131 105th St Jacksonville FL 32244
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Indra Corpuz
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4116 Handwood Landing St. Augustine FL 32086
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	D.J. Segui
CITY-ST-ZIP		5.4 CITY-ST-ZIP	34 1/2 Cordova St. St. Augustine FL 32084
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 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: Marciana D. Segui
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIANA D. SEGUI

May 28, 1999 (904) 808-0807
DATE DAYTIME PHONE #

CR2E037 (11/98)