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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004937 (5)**

1. Corporation Name

SACRED HEART MINISTRIES, INC.

Principal Place of Business

**438 E LEMON ST
TARPON SPRINGS FL 34689**

Mailing Address

**438 E LEMON ST
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3481144

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

**VAPORIS, ELIA-JOHN E SHSJ
438 E LEMON ST
TARPON SPRINGS FL 34689**

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 *Elia John E. Vaporis SHSJ*

Elia-John Vaporis, SHSJ 01/08/98

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
NAME **Rev. Fr. Elia-John E. Vaporis**
STREET ADDRESS **38791 US 19N, #917**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME **Sister Mildred Bondurant, SHSJ**
STREET ADDRESS **1009 Lake Avoca Place**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME **Sister Edna Maxine Dugay, SHSJ**
STREET ADDRESS **38791 US 19N, #936**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **John Dugay**
1.3 STREET ADDRESS **38791 US 19N, #936**
1.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Elia John E. Vaporis SHSJ* **ELIA-JOHN E. VAPORIS 01/08/98 813 943-9387**

CR2E037 (10/97)