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Jun 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005117 (3)

1. Corporation Name

THE ST. FRANCIS CENTER INC.

Principal Place of Business

416 41ST STREET  
WEST PALM BEACH FL 33407

Mailing Address

416 41ST STREET  
WEST PALM BEACH FL 33407

2. Principal Place of Business

21 1233 45th St

Suite, Apt. #, etc.

22 Suite B1

City & State

23 West Palm Beach

Zip

24 33407

Country

25 Palm Beach

2a. Mailing Address

26 1233 45th St

Suite, Apt. #, etc.

27 Suite B1

City & State

28 West Palm Beach

Zip

29 33407

Country

30 P.B

9. Name and Address of Current Registered Agent

KOHN, PATRICK L  
416 41ST STREET  
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0774707

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Patrick L Kohn

5-19-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KOHN, PATRICK L  
STREET ADDRESS 416 41ST STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ DELETE

NAME D JORDAN, ANTHONY  
STREET ADDRESS 1125 NORTH L STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ DELETE

NAME D SALTER, JOHN B  
STREET ADDRESS 708 NORTH J STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Pres. David D  
1.3 STREET ADDRESS DAVID BAUMAN  
229 Owoodaga  
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Director  
2.3 STREET ADDRESS Sandy Vanneck  
203 Alpine Rd  
2.4 CITY-ST-ZIP W.P.B., FL 33405

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Director  
3.3 STREET ADDRESS Jess Donas  
3204 Morning Glory Court  
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Secretary D  
4.3 STREET ADDRESS Katherine Jarrett  
535 7th St  
4.4 CITY-ST-ZIP W.P.B., FL 33401

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Treasurer D  
5.3 STREET ADDRESS CM Lloyd  
9729 Quail Trail  
5.4 CITY-ST-ZIP Jupiter, FL 33478

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 8000002547018  
6.3 STREET ADDRESS -06/04/98--01010--016  
6.4 CITY-ST-ZIP \*\*\*70.00

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:

Patrick L Kohn 5-19-98 844-0118

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