

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 041 ****61.25

DOCUMENT # N97000005117 ✓

1. Corporation Name

THE ST. FRANCIS CENTER INC.

Principal Place of Business

1233 45TH ST.
STE. B1
WEST PALM BEACH FL 33407

Mailing Address

1233 45TH ST.
STE. B1
WEST PALM BEACH FL 33407



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KOHN, PATRICK L	416 41ST STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/>
PD	BAUMAN, DAVID	229 ONONDAGA	PALM BEACH FL 33480	<input type="checkbox"/>
D	SALTER, JOHN B	708 NORTH J STREET	LAKE WORTH FL 33460	<input type="checkbox"/>
DT	LOYD, CM	9729 QUAIL TR.	JUPITER FL 33478	<input type="checkbox"/>
SD	JARRETT, KATHERINE	535 7TH ST.	W. PALM BEACH FL 33401	<input checked="" type="checkbox"/>
D	JONAS, JEFF	3204 MORNING GLORY COURT	PALM BCH. GARDENS FL 33410	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	MARK HAUGEJORDE	143 BARCON LANE	JESSEVILLE, FL 33469	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Jim Weeks	401 S. Olive Ave	WPB, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

4. 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:

Signature of Katherine Harris
KATHERINE HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-99 561 844 0118

CR2E037 (5/99)