

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000001664

1. Corporation Name
SAINT AMBROSE HOME AND SCHOOL ASSOCIATION, INC.

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90124 050 ***150.00

Principal Place of Business: 363 SE 12TH AVE, DEERFIELD BEACH FL 33441
Mailing Address: 363 SE 12TH AVE, DEERFIELD BEACH FL 33441



03/04/99 90124 050 61.25

21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 03/23/1998
22 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.	4 FEI Number
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	8 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30	30	

9. Name and Address of Current Registered Agent
BANNON, FRANCES
363 SE 12TH AVE.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name SALVATORE BIVIANO
82 Street Address (P.O. Box Number is Not Acceptable)
363 SE 12TH AVE.
83
84 City Deerfield Beach FL 85 Zip Code 33441

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: *Salvatore Biviano* DATE: 9/13/91
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Treasurer SALVATORE BIVIANO
STREET ADDRESS		1.3 STREET ADDRESS	1531 SE 10 STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Deerfield Bch. FL 33441
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	President MARIAN HILL
STREET ADDRESS		2.3 STREET ADDRESS	234 NE 8th TERR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Corresponding Secretary JANINE FOXDELLA
STREET ADDRESS		3.3 STREET ADDRESS	870 NW 4th ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dunwoody, FL 33069
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Salvatore Biviano* DATE: 2/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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