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04-29-1999 90173 031 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000004945

1. Corporation Name

MOTHER MARY'S YOUTH CENTER, INC.

Principal Place of Business

12510 NE LAKE DRIVE
TAMPA FL 33612

Mailing Address

12510 NE LAKE DRIVE
TAMPA FL 33612



2. Principal Place of Business

21 12510 NOREAST LAKE DR.

2a. Mailing Address

26 12510 NOREAST LAKE DR.

3. Date Incorporated or Qualified

08/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3539080

Applied For

Not Applicable

23 City & State
TAMPA, FL

27 City & State
TAMPA, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 33612

Country

29 Zip 33612

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUARDT, EMIL C JR
625 COURT STREET
SUITE 200
CLEARWATER FL 33756

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P/D ☐ Change ☒ Addition
1.2 NAME JOHN F. CIANI
1.3 STREET ADDRESS 12510 NOREAST LAKE DR.
1.4 CITY-ST-ZIP TAMPA, FL. 33612

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME JIMMY APRILE
2.3 STREET ADDRESS 15636 MORNING DR.
2.4 CITY-ST-ZIP LUTZ, FL. 33549

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME LINDA J. TYRE
3.3 STREET ADDRESS 4714 N. HABANA AVENUE
3.4 CITY-ST-ZIP TAMPA, FL. 33614

4.1 TITLE S/D ☐ Change ☒ Addition
4.2 NAME KATHLEEN P. SEMIDEY
4.3 STREET ADDRESS 2981 BONA VENTURE CIR #101
4.4 CITY-ST-ZIP PALM HARBOR, FL. 34684

5.1 TITLE T/D ☐ Change ☒ Addition
5.2 NAME WALTER KIRBY
5.3 STREET ADDRESS 9502 OAKLEAF AVE
5.4 CITY-ST-ZIP TAMAP, FL. 33614

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MARY ANNE QUIGLEY
6.3 STREET ADDRESS 14717 DAYBREAK DR.
6.4 CITY-ST-ZIP LUTZ, FL. 33549

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: *[Signature]* REGISTERED AGENT *[Signature]* 4/19/99 (813) 932-5095

CR2E037 (11/98)

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MOTHER MARY'S YOUTH CENTER, INC.

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FEI NUMBER 59-3539080

13. SUPPLEMENTAL LIST ADDITIONS TO OFFICERS AND DIRECTORS

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CAROL SUE BAILEY
504 SAN JOSE PLACE
TEMPLE TERRACE, FL 33617