


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90005 020 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000006016**

1. Corporation Name

**ST. FRANCIS COMMUNITY CENTER, INC.**

Principal Place of Business

214 S.E. 13TH STREET  
FT. LAUDERDALE FL 33316

Mailing Address

214 S.E. 13TH STREET  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

21 Suite, Apt. #, etc.

City &amp; State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

65-0626747

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

**GOUDIE, JOHN N**  
**214 S.E. 13TH STREET**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

CAROLINA GOUDIE

82 Street Address (P.O. Box Number is Not Acceptable)

214 SE 13th St

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33316

11. Pursuant to the provisions of Section 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

**PRES. SEC. - D**  
**JOHN N. GOUDIE**  
**214 SE 13th St**  
**FT. LAUD FL 33316**

☐ DELETE

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES + SEC - D** ☐ Change ☒ Addition  
 1.2 NAME **L. CAROLINA GOUDIE**  
 1.3 STREET ADDRESS **214 SE 13th St**  
 1.4 CITY-ST-ZIP **FT. LAUD FL 33316**

2.1 TITLE **VICE PRESIDENT - D** ☐ Change ☒ Addition  
 2.2 NAME **JAVIER LOREDO**  
 2.3 STREET ADDRESS **214 SE 13th St**  
 2.4 CITY-ST-ZIP **FT. LAUD FL 33316**

3.1 TITLE **V. PATRICIA CERICOLA D** ☐ Change ☒ Addition  
 3.2 NAME **214 SE 13th St**  
 3.3 STREET ADDRESS **FORT LAUDERDALE FL 33316**  
 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, with all other like empowered.

SIGNATURE:

**SIGNATURE FLESCARBEINA GOUDIE 1/6/99**  
**PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)