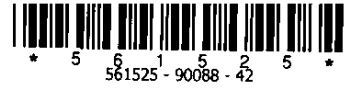


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90050 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000007317 1. Corporation Name ST. FRANCIS INDEPENDENT CATHOLIC COMMUNITY, INC.					
Principal Place of Business 212 N K STREET #9 LAKE WORTH FL 33460			Mailing Address 212 N K STREET #9 LAKE WORTH FL 33460		



2. Principal Place of Business 21 605 Belvedere Rd Suite, Apt. #, etc. 22 Suite 8 City & State 23 West Palm Beach, FL Zip 24 33405-1216		2a. Mailing Address 25 605 Belvedere Rd Suite, Apt. #, etc. 27 Suite 8 City & State 28 West Palm Beach, FL Zip 29 33405-1216		3. Date Incorporated or Qualified 12/24/1998 4. FEI Number 65-0886179 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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8. Name and Address of Current Registered Agent SCHOTT, FREDRICK P 212 N K STREET #9 LAKE WORTH FL 33460				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	
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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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Frederick P Schott ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D President	1.2 NAME	
STREET ADDRESS	212 N K Street # 9	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lk Worth FL 33460	1.4 CITY-ST-ZIP	
TITLE	Vice Pres ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D William V Ayers	2.2 NAME	
STREET ADDRESS	412 El Prado	2.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL 33405	2.4 CITY-ST-ZIP	
TITLE	Treas ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D Franklin T Richards	3.2 NAME	
STREET ADDRESS	841 Sunset Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL 33401	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: Franklin T Richards 4/13/99 54 655 3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (1/98)