

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90002 018 \*\*\*\*61.25

DOCUMENT # N99000005425



1. Entity Name  
 THE CONGREGATION OF THE SISTERS OF ST. CLARE  
 (FLORIDA), INC.

Principal Place of Business  
 625 COURT STREET  
 SECOND FLOOR  
 CLEARWATER, FL 33756

Mailing Address  
 625 COURT STREET  
 SECOND FLOOR  
 CLEARWATER, FL 33756

54069087



08022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3616270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MARQUARDT, EMIL C JR.  
 625 COURT STREET  
 SECOND STREET  
 CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

**Filing Fee is \$61.25** **Due by September 8, 2004**

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BRADY, LUCIA
STREET ADDRESS	14380 APACHE AVE
CITY-ST-ZIP	LARGO, FL 33774
TITLE	TD
NAME	MULLIGAN, BRIDGET
STREET ADDRESS	970 PINE HILL RD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	V
NAME	SYNOTT, PATRICIA
STREET ADDRESS	4916 BELLEMEDE BLVD. 726 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucia Brady LUCIA BRADY 8/4/04 727-517-1739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #