

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-02-2005 90086 004 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/

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
---	---

66007481



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616270	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. 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 re-registering)

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BRADY, LUCIA 14380 APACHE AVE LARGO, FL 33774 <i>Lucia Brady</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD MULLIGAN, BRIDGET 970 PINE HILL RD PALM HARBOR, FL 34683 <i>Bridget Mulligan</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SYNNOTT, PATRICIA 4916 BELLEMEDE BLVD NEW PORT RICHEY, FL 34655 <i>Patricia Synnott</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #