


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005425</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
01242006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 59-3616270		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  MARQUARDT, EMIL C JR. 625 COURT STREET SECOND STREET CLEARWATER, FL 33756		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100077475371 04/05/06-80012-024-61.25
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, LUCIA 14380 APACHE AVE LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLIGAN, BRIDGET 970 PINE HILL RD PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SYNNOTT, PATRICIA 4916 BELLEMEDE BLVD NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>(Lucia Brady)</i> <u>LUCIA BRADY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/10/06</u> Daytime Phone #: <u>727-517-1739</u>