

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2009  
Secretary of State**

DOCUMENT# N99000005425

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

**Current Principal Place of Business:**

625 COURT STREET  
SECOND FLOOR  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

625 COURT STREET  
SECOND FLOOR  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 59-3616270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAUGHNESSY, PHYLLIS  
Address: 14380 APACHE AVE  
City-St-Zip: LARGO, FL 33774

Title: TD ( ) Delete  
Name: CAROLYN, THERESE  
Address: 3848 TARIAN COURT  
City-St-Zip: PALM HARBOR, FL 34684

Title: V ( ) Delete  
Name: SYNNOTT, PATRICIA  
Address: 4916 BELLEMEDE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: ROWE, CHRISTA  
Address: 1105 W. 8 STREET  
City-St-Zip: WILOMINGTON, DE 19806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROWE, CHRISTA  
Address: 1105 W. 8 STREET  
City-St-Zip: WILMINGTON, DE 19806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS M SHAUGHNESSY

PD

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date