FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 3:30

DOCUMENT # P93000008648 (6)

1. Corporation Name

HOLY FAMILY OF NAZARETH, INC.

Principal Place of Business	Mailing Address
724 ANDERSON NAPLES FL 33940-2811 US	724 ANDERSON NAPLES FL 33940-2811 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0416982 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURZYNKSI, JILL
305 FIFTH AVENUE SOUTH
NAPLES FL 33940

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	SECRETARY / TREASURER	☒ Change ☐ Addition
NAME	O'CONNOR, THOMAS P	1.2 NAME	O'CONNOR, THOMAS P.	
STREET ADDRESS	724 ANDERSON DR	1.3 STREET ADDRESS	724 ANDERSON DR.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FLORIDA 33940-2811	
TITLE	VP	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	O'CONNOR, SANDRA T	2.2 NAME	O'CONNOR, SANDRA T.	
STREET ADDRESS	724 ANDERSON DRIVE	2.3 STREET ADDRESS	724 ANDERSON DRIVE	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL. 33940-2811	
TITLE	S	3.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	SCHROEDER, LARRY	3.2 NAME	SCHROEDER, LARRY	
STREET ADDRESS	4019 OVID	3.3 STREET ADDRESS	4019 OVID	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	DALLAS, TX 75224	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas P. O'Connor THOMAS P. O'CONNOR — FEBRUARY 1, 1995 — 813-936-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0320683 CP