

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N42940

**Entity Name:** FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

**Current Principal Place of Business:**

3010 N. PERRY AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

3010 N. PERRY AVENUE  
TAMPA, FL 33603

**FEI Number:** 59-1356360

**Certificate of Status Desired:** Yes

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

THE FRANCISCAN CENTER TAMPA, FL INC.  
3010 N. PERRY AVENUE  
TAMPA, FL 33603 US

*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:** CHRISTINA STRAIN

05/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASSOCIATE MINISTER/LIAISON  
Name MAGEE, OSF, MARGARET SR.  
Address FRANCISCAN SISTERS OF ALLEGANY, NY  
P.O. BOX W  
City-State-Zip: ST BONAVENTURE NY 14778

Title CHAIRMAN  
Name WALTERS, COLLEEN M  
Address 3010 N. PERRY AVENUE  
City-State-Zip: TAMPA FL 33603

Title TREASURER  
Name LUECHT, ANDRE  
Address 15411 SIR MAXWELL COURT  
City-State-Zip: ODESSA FL 33556

Title SECRETARY  
Name CAHILL, OSF, CATHERINE SR.  
Address ST. CLARE CONVENT  
2924 W. CURTIS STREET  
City-State-Zip: TAMPA FL 33614

Title VC  
Name CAHILL, OSF, CATHERINE SR.  
Address ST. CLARE CONVENT  
2924 W. CURTIS STREET  
City-State-Zip: TAMPA FL 33614

*I hereby 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 all other like empowered.*

**SIGNATURE:** COLLEEN M. WALTERS

CHAIRMAN

05/27/2020

Electronic Signature of Signing Officer/Director Detail

Date