

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005425

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC6120081257**

**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

**Current Mailing Address:**

625 COURT STREET  
SECOND FLOOR  
CLEARWATER, FL 33756

**FEI Number: 59-3616270**

**Certificate of Status Desired: No**

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

MARQUARDT, EMIL CJR.  
625 COURT STREET  
SECOND STREET  
CLEARWATER, FL 33756 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BRADY, LUCIA  
Address 14380 APACHE AVE  
City-State-Zip: LARGO FL 33774

Title TD  
Name CAROLYN, THERESE  
Address 3848 TARIAN COURT  
City-State-Zip: PALM HARBOR FL 34684

Title V  
Name SYNNOTT, PATRICIA  
Address 3848 TARIAN COURT  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name ROWE, CHRISTA  
Address 14380 APACHE AVE.  
City-State-Zip: LARGO FL 33774

*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: LUCIA BRADY**

**PD**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date