

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000114

**Entity Name:** ST. MARY'S EDUCATIONAL INSTITUTE AT CINCINNATI, INC.

**Current Principal Place of Business:**

701 E. COLUMBIA AVE.  
CINCINNATI, OH 45215

**Current Mailing Address:**

701 E. COLUMBIA AVE.  
CINCINNATI, OH 45215

**FEI Number: 31-6036086**

**Certificate of Status Desired: No**

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

KENDRICK, ANN SND  
1464 FALCONCREST BLVD  
APOPKA, FL 32712 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 CFO  
Name POWERS, SHARON ANN  
Address 701 EAST COLUMBIA AVE.  
City-State-Zip: CINCINNATI OH 45215

Title VP  
Name JURICK, DONNA SND  
Address 701 E. COLUMBIA AVE.  
City-State-Zip: CINCINNATI OH 45215

Title TREASURER, SECRETARY  
Name LOOME, PATRICIA SND  
Address 701 E. COLUMBIA AVE.  
City-State-Zip: CINCINNATI OH 45215

Title PRESIDENT  
Name KATHLEEN, HARMON SND  
Address 701 E. COLUMBIA AVE.  
City-State-Zip: CINCINNATI OH 45215

*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: SHARON POWERS**

**CFO**

**02/16/2024**

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

\_\_\_\_\_  
Date