

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000147

**Entity Name:** FRANCISCAN ALLIANCE, INC.**Current Principal Place of Business:**1515 DRAGOON TRAIL  
MISHAWAKA, IN 46546**Current Mailing Address:**PO BOX 1290  
MISHAWAKA, IN 46546-1290**FEI Number:** 35-1330472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHWARTZ, JOHN S  
12651 S DIXIE HWY  
STE 306  
MIAMI, FL 33156 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:** JOHN S. SCHWARTZ

01/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | CT                       |
| Name            | KLEIN, JANE MARIE SISTER |
| Address         | PO BOX 1290              |
| City-State-Zip: | MISHAWAKA IN 46546-1290  |

|                 |                         |
|-----------------|-------------------------|
| Title           | PT                      |
| Name            | LEAHY, KEVIN D          |
| Address         | PO BOX 1290             |
| City-State-Zip: | MISHAWAKA IN 46546-1290 |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | TT                              |
| Name            | MAGIERA, M. ANN KATHLEEN SISTER |
| Address         | 1201 SOUTH MAIN STREET          |
| City-State-Zip: | CROWN POINT IN 46307            |

|                 |                          |
|-----------------|--------------------------|
| Title           | TT                       |
| Name            | MELLADY, M ANGELA SISTER |
| Address         | PO BOX 766               |
| City-State-Zip: | MISHAWAKA IN 46546-0766  |

|                 |                               |
|-----------------|-------------------------------|
| Title           | S                             |
| Name            | LEVEILLE, LETHIA MARIE SISTER |
| Address         | PO BOX 766                    |
| City-State-Zip: | MISHAWAKA IN 46546-0766       |

*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:** SISTER LETHIA MARIE LEVEILLE OSF**CORPORATE  
SECRETARY**

01/10/2022

Electronic Signature of Signing Officer/Director Detail

Date