

2017 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

01/07/2017

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	1701 S. CREASY LANE
City-State-Zip:	LAFAYETTE IN 47905-4972

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: SR. LETHIA MARIE LEVEILLE**SECRETARY**

01/07/2017

Electronic Signature of Signing Officer/Director Detail

Date