

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90101 016 \*\*\*\*61.25

**DOCUMENT # F03000000238**



1. Entity Name  
**SISTERS OF ST. JOSEPH OF CARONDELET, ST. LOUIS PROVINCE CORPORATION**

Principal Place of Business  
**6400 MINNESOTA AVENUE  
 ST. LOUIS, MO 63111**

Mailing Address  
**6400 MINNESOTA AVENUE  
 ST. LOUIS, MO 63111**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**43-6000007**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHMIDT, ROBERTA J CSJ  
 283 HAMMOCK TERRACE  
 VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1700 Shoals Ct.**

City  
**Venice**

FL

Zip Code  
**34293**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
 Due by May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME HADICAN, MARY KAY CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE D  Change  Addition  
 NAME MAHER, FRAN CSJ  
 STREET ADDRESS 6400 MINNESOTA AVE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE DV  Delete  
 NAME STRAUB, SANDRA CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE D  Change  Addition  
 NAME MORIARTY, RITA CSJ  
 STREET ADDRESS 6400 MINNESOTA AVE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE SD  Delete  
 NAME LISTON, MARY KAY CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE  Change  Addition

TITLE TD  Delete  
 NAME JOHNSON, MARY F CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE  Change  Addition

TITLE D  Delete  
 NAME DEBLOIS, JEAN K CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE  Change  Addition

TITLE D  Delete  
 NAME DILLON, JACQUELINE CSJ  
 STREET ADDRESS 6400 MINNESOTA AVENUE  
 CITY-ST-ZIP ST. LOUIS, MO 63111

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary F. Johnson MARY F. JOHNSON 2/3/06 (314) 481-8800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #