

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2010
Secretary of State**

DOCUMENT# F03000000238

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

Current Principal Place of Business:

6400 MINNESOTA AVENUE
ST. LOUIS, MO 63111

New Principal Place of Business:

Current Mailing Address:

6400 MINNESOTA AVENUE
ST. LOUIS, MO 63111

New Mailing Address:

FEI Number: 43-6000007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMIDT, ROBERTA J CSJ
1700 SHOALS CT
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: CLUNE, PATRICIA CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

Title: DV
Name: FLEMINGTON, HELEN CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

Title: SD
Name: GILJUM, PATRICIA CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

Title: TD
Name: JOHNSON, MARY F CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

Title: D
Name: BROWN, ELIZABETH CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

Title: D
Name: CORCORAN, NANCY CSJ
Address: 6400 MINNESOTA AVENUE
City-St-Zip: ST. LOUIS, MO 63111

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: MARY F. JOHNSON, CSJ

TD

04/30/2010

Electronic Signature of Signing Officer or Director

Date