


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90069 046 ****61.25

DOCUMENT # N03000001228					
1. Entity Name SACRED HEART HOSPITAL ON THE EMERALD COAST GUILD, INC.					
Principal Place of Business 7800 US HIGHWAY 98 WEST DESTIN, FL 32550			Mailing Address 7800 US HIGHWAY 98 WEST DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EMMANUEL, KAREN O 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARASIA, JIM		NAME	Carnell, Elizabeth	
STREET ADDRESS	5440 TIVOLI TERRACE DRIVE		STREET ADDRESS	6326 Augusta Cove	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP	Destin, FL 32541	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKO, JAN		NAME		
STREET ADDRESS	55 NATURE WAY		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNELL, ELIZABETH		NAME	Douglas, Raymond	
STREET ADDRESS	6326 AUGUSTA COVE		STREET ADDRESS	224 Calle Escada	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINE, BARBARA		NAME	Jackson, Eileen	
STREET ADDRESS	168 SANDTRAP ROAD		STREET ADDRESS	196 Magnolia St.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	SR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASON, ELAINE		NAME		
STREET ADDRESS	99 BLUE HERON DR NORTH		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, KATHT		NAME	Marasia, Jim	
STREET ADDRESS	2007 CRYSTAL LAKE DRIVE		STREET ADDRESS	5440 Tivoli Terrace Dr.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP	Miramamar Beach, FL 32550	
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: <u>Barry Parks</u> BARRY PARKS			Date: <u>Jan 15, 2008</u> Daytime Phone #: <u>850-269-1001</u>		