

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001228

FILED
Jan 21, 2009
Secretary of State

Entity Name: SACRED HEART HOSPITAL ON THE EMERALD COAST GUILD, INC.

Current Principal Place of Business:

7800 US HIGHWAY 98 WEST
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

7800 US HIGHWAY 98 WEST
DESTIN, FL 32550

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 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: P () Delete
Name: CARNELL, ELIZABETH
Address: 6326 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32541

Title: V () Delete
Name: STANKO, JAN
Address: 55 NATURE WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PE () Delete
Name: RAYMOND, DOUGLAS
Address: 224 CALLE ESCADA
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: JACKSON, EILEEN
Address: 196 MAGNOLIA ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SR () Delete
Name: THOMASON, ELAINE
Address: 99 BLUE HERON DR NORTH
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PP () Delete
Name: MARASIA, JIM
Address: 5440 TIVOLI TERRACE DR.
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: CARNELL, ELIZABETH
Address: 6326 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RAYMOND, DOUGLAS
Address: 224 CALLE ESCADA
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: JOHNSTON, JOE
Address: 9336 WEDGEWOOD DRIVE
City-St-Zip: WOODBURY, MN 55125

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY PARKS

_____ Electronic Signature of Signing Officer or Director

FC

01/21/2009

_____ Date