

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001228

FILED
Jan 18, 2012
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
Name: PARKS, BARRY
Address: 4318 CARRIAGE LANE
City-St-Zip: DESTIN, FL 32541

Title: VP
Name: STANKO, JAN
Address: 55 NATURE WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PP
Name: BORCHERT, BARBARA
Address: 9815 HWY 98 W a€" BV 40
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TRES
Name: ANN, PERRY
Address: 29 BAHIA VISTA DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: RS
Name: JOHNSTON, ROWENA
Address: 15500 EMERALD COAST PKWY #201
City-St-Zip: DESTIN, FL 32541

Title: PE
Name: JOHN, BARNHART
Address: 209 CLAREON DR
City-St-Zip: PANAMA CITY, FL 32413

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: JOE JOHNSTON

FC

01/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date