

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005292

1. Entity Name
ST. FRANCIS SOCIETY, INC.



Principal Place of Business
**1911 LAKE PLATT LANE
TAMPA, FL 33618**

Mailing Address
**1911 LAKE PLATT LANE
TAMPA, FL 33618**



02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3469332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STAFFORD, STU
15951 N. FLORIDA AVE.
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALKIN, RON
STREET ADDRESS	712 GATEWAY LANE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	ALUISY, RAQUEL
STREET ADDRESS	1911 LAKE PLATT LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P
NAME	KAPUSTA, MICHELLE
STREET ADDRESS	3306 LITTLE ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	T
NAME	MEXICOTTE, CHRISTINA
STREET ADDRESS	3306 LITTLE ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80028-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Raquel Aluisy **RAQUEL ALUISY**

3/7/05

813-4318148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #