2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2010
Secretary of State

DOCUMENT# N97000005292

Entity Name: ST. FRANCIS SOCIETY, INC.

Current Principal Place of Business:

504 SHADOW GROVE CT
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 261614
TAMPA, FL 33685 US

New Mailing Address:

FEI Number: 59-3469332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPRING, WILLIAM A CPA
8903 REGENTS PARK DRIVE
SUITE 110
TAMPA, FL 33647 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: ESPINOLA, SHARON
Address: 504 SHADOW GROVE COURT
City-St-Zip: LUTZ, FL 33548

Title: V
Name: STERN, AVRIL
Address: 3132 SANDSPUR DR.
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: DUFFEY, AMY
Address: 12506 CAVALIER CT.
City-St-Zip: HUDSON, FL 34669

Title: D
Name: WALVOORD, KATHY
Address: 11229 SHADYBROOK DR
City-St-Zip: TAMPA, FL 33625

Title: D
Name: RULE, DEBBIE
Address: 13507 COLORADO PLACE
City-St-Zip: TAMPA, FL 33626

Title: D
Name: MARTINELLI, JIM
Address: 8507 NORTHTON GROVES BLVD.
City-St-Zip: ODESSA, FL 33556

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: SHARON A. ESPINOLA PRES 01/24/2010
Electronic Signature of Signing Officer or Director Date