

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005292

FILED
Dec 07, 2004
Secretary of State

Entity Name: ST. FRANCIS SOCIETY, INC.

Current Principal Place of Business:

POST OFFICE BOX 261614
TAMPA, FL 33685

New Principal Place of Business:

1911 LAKE PLATT LANE
TAMPA, FL 33618

Current Mailing Address:

POST OFFICE BOX 261614
TAMPA, FL 33685

New Mailing Address:

1911 LAKE PLATT LANE
TAMPA, FL 33618

FEI Number: 59-3469332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STAFFORD, STU
15951 N. FLORIDA AVE.
LUTZ, FL 33549 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: D () Delete
Name: CALKIN, RON
Address: 712 GATEWAY LANE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: ALUISY, RAQUEL
Address: 1911 LAKE PLATT LANE
City-St-Zip: TAMPA, FL 33618

Title: P () Delete
Name: KAPUSTA, MICHELLE
Address: 3306 LITTLE ROAD
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: MEXICOTTE, CHRISTINA
Address: 3306 LITTLE ROAD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

D

12/07/2004

Electronic Signature of Signing Officer or Director

Date