

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90036 010 ****61.25

DOCUMENT # N03000001228

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



Principal Place of Business
**7800 US HIGHWAY 98 WEST
DESTIN, FL 32550**

Mailing Address
**7800 US HIGHWAY 98 WEST
DESTIN, FL 32550**

50008031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMMANUEL, KAREN O
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **HALIDAY, IRENE**
STREET ADDRESS **1427 BAYTOWNE CR. E**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **P** ☒ Change ☒ Addition
NAME **Parks, Barry**
STREET ADDRESS **4318 Carriage Ln.**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **V** ☐ Delete
NAME **STANKO, JAN**
STREET ADDRESS **55 NATURE WAY**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **PE** ☐ Change ☒ Addition
NAME **Harris, Kathy**
STREET ADDRESS **2007 Crystal Lake Dr.**
CITY-ST-ZIP **Destin, FL 32550**

TITLE **SR** ☒ Delete
NAME **COLELLO, LINDA CLYDE**
STREET ADDRESS **323BAY CR. DR.**
CITY-ST-ZIP **DESTIN, FL 32459**

TITLE **SR** ☒ Change ☒ Addition
NAME **Thomason, Elaine**
STREET ADDRESS **99 Blue Heron Dr. North**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **T** ☐ Delete
NAME **LYMAN, GAYLE**
STREET ADDRESS **4379 OLD BAYOU TRL.**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **AT** ☐ Change ☒ Addition
NAME **Carnell, Elizabeth**
STREET ADDRESS **6326 Augusta Cove**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **AT** ☒ Delete
NAME **HARRIS, KATHY**
STREET ADDRESS **2007 CRYSTAL LAKE DR.**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SC** ☐ Delete
NAME **MOERSCHER, JEANETTE**
STREET ADDRESS **55 BONAIRE BLVD.**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Barry D. Parks **BARRY D. PARKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2005 **850-269-1001**
Date Daytime Phone #