## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N03000001228



## **FILED** Jan 22, 2007 8:00 am Secretary of State

1. Entity Name SACRED HEART HOSPITAL ON THE EMERALD COAST GUILD, INC.						01-22-2007 90080 042 ****61.25					
Principal Place of Business 7800 US HIGHWAY 98 WEST DESTIN, FL 32550			Mailing Address 7800 US HIGHWAY 98 WEST DESTIN, FL 32550				26 iyin <b>28</b> kl <b>28</b> kk <b>12</b> k	TT <b>BRU COU</b> 's AU	I I I I I I I I I I I I I I I I I I I	an nan	
Principal Place of Business - No P.O. Box #     3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172007	Chg-NP	CR2E03	37 (12/06)		
City & State			City & State			4. FEI Number NOT APP	LICABLE		No	plied For t Applicable	
Zíp			Zip			5. Certificate of			\$8.75 Add 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						
the obligat	named entititions of regis		r the purpose of changing its	registered office of	or register	ed agent, or both,	in the State of Fl	korida. I am	familiar with,	and accept	
SIGNATURE.		d or printed name of registered agent i	and title if anniversite (NOTI	E: Registered Agent signs	the move and	1 . 4		DATE			
	Signature, typed	to: burien insue or reflexiden effere s	110110110111111111111111111111111111111	порыстои лусти здни	mare responses	wiesi (erisizung)		DATE			
	Filing Fe	se is \$61.25 Way 1, 2007		npaign Financing		\$5.00 May Be Added to Fees	F	Make chec	k payable to tment of Si		
10.	Filing Fe	oe is \$61.25	9. Election Car Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	Make chec orida Depar ERS AND DI	tment of S	tate	
10. TITLE	Filing Fe Due by I	oe is \$61.25 May 1, 2007 OFFICERS AND DIF	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	Make chec orida Depar ERS AND DI	tment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

tacks

850-269-1001