

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745780

Entity Name: ST. CATHERINE LABOURE MANOR, INC.**Current Principal Place of Business:**1750 STOCKTON STREET
JACKSONVILLE, FL 32204**Current Mailing Address:**1750 STOCKTON STREET
JACKSONVILLE, FL 32204 US**FEI Number: 59-1878316****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	TREASURER
Name	MANESS, JUDITH
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	CHAIRMAN
Name	KRUEGER, C.F.A., BROTHER LARRY
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	SECRETARY
Name	MYERS, DENNIS
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	CFO
Name	GORDON, MICHAEL
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	ASST. SECRETARY
Name	GORMAN, J. TIMOTHY
Address	4600 EDMUNDSON ROAD
City-State-Zip:	ST. LOUIS MO 63134

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: DENNIS MYERS**SECRETARY****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date