

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001228

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**9709602537CC**

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

**Current Principal Place of Business:**

7800 US HIGHWAY 98 WEST  
DESTIN, FL 32550

**Current Mailing Address:**

7800 US HIGHWAY 98 WEST  
DESTIN, FL 32550

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EMMANUEL, KAREN O  
5151 NORTH NINTH AVENUE  
PENSACOLA, FL 32504 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           PRESIDENT  
Name           STOUSE, MO  
Address        188 SAVELLE DR.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title           CFO  
Name           PARKS, BARRY  
Address        4318 CARRIAGE LANE  
City-State-Zip: DESTIN FL 32541

Title           TRES  
Name           ANN, PERRY  
Address        P.O. BOX 1288  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title           SECRETARY  
Name           JOHNSTON, ROWENA  
Address        15500 EMERALD COAST PKWY #201  
City-State-Zip: DESTIN FL 32541

Title           PRESIDENT ELECT  
Name           BROCK, JUDY  
Address        9961 HWY 30A #303  
City-State-Zip: SEACREST FL 32461

Title           VP, MEMBERSHIP  
Name           LABRIE, ROGER  
Address        162 WINDANCER LN, UNIT 407  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           PAST PRESIDENT  
Name           GREEN, WORTH  
Address        PO BOX 1243  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: BARRY D. PARKS**

**CFO**

**02/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date