

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001228

**Entity Name:** SACRED HEART HOSPITAL ON THE EMERALD COAST GUILD, INC.**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**2086861675CC****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	LABRIE, ROGER
Address	162 WINDANCER LANE UNIT 407
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	TREASURER
Name	SPAFFORD, MARK
Address	10 BENNETT
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR - PARLIAMENTARIAN, SOCIAL EVENTS CHAIR
Name	BROCK, JUDY
Address	9961 HWY 30A #303
City-State-Zip:	SEACREST FL 32461

Title	PAST PRESIDENT, PRESIDENT
Name	STOUSE, MOE
Address	129 LEAP YEAR LANE
City-State-Zip:	FREEPORT FL 32439

Title	CFO
Name	PARKS, BARRY
Address	4318 CARRIAGE LANE
City-State-Zip:	DESTIN FL 32541
Title	SECRETARY
Name	JOHNSTON, ROWENA
Address	15500 EMERALD COAST PKWY #201
City-State-Zip:	DESTIN FL 32541

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

Title	DIRECTOR - CHAPLAIN
Name	DABRIA, DARRELL
Address	1222 DEERWOOD DR
City-State-Zip:	MIRAMAR BEACH FL 32550

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*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****FINANCE CHAIR****01/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR - EDUCATION  
Name               MURPHY, DONNA  
Address            180 CALLE ESCADA  
City-State-Zip:   SANTA ROSA BEACH FL 32459

Title               ASSISTANT TREASURER  
Name               FORT, NANCY  
Address            179 S. COUNTY HWY. 393  
                      #313  
City-State-Zip:   SANTA ROSA BEACH FL 32459

Title               DIRECTOR - FUNDRAISING  
Name               JOHNSTON, JOE  
Address            15500 EMERALD COAST PARKWAY  
                      #201  
City-State-Zip:   DESTIN FL 32541