

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005292

**Entity Name:** ST. FRANCIS SOCIETY, INC.**Current Principal Place of Business:**11229 SHADYBROOK DR  
TAMPA, FL 33625**Current Mailing Address:**P.O. BOX 261614  
TAMPA, FL 33685 US**FEI Number:** 59-3469332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LA MANNA, JAMES M  
822 62ND STREET CIRCLE EAST  
SUITE 105  
BRADENTON, FL 34208 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:** JAMES M. LA MANNA

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALVOORD, KATHLEEN  
Address        11229 SHADYBROOK DR  
City-State-Zip: TAMPA FL 33625

Title            DIRECTOR  
Name            AMBLER, GAIL A  
Address        6705 HIDDEN HILLS COURT  
City-State-Zip: TAMPA FL 33615

Title            VP  
Name            MARTINELLI, JIM  
Address        8507 NORTHTON GROVES BLVD.  
City-State-Zip: ODESSA FL 33556

Title            DIRECTOR  
Name            GUMZ, PATTI  
Address        1821 30TH STREET  
City-State-Zip: ST PETERSBURG FL 33713

Title            DIRECTOR  
Name            TATE, JENNIFER  
Address        11319 PALM PASTURE DR  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            FAZIO , KRISTINA  
Address        4240 FORESTER LANE  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            METILLY, LAURA  
Address        4104 MORELAND DRIVE  
City-State-Zip: VALRICO FL 33596

Title            TREASURER  
Name            KNIGHT, LISA  
Address        11229 SHADYBROOK DRIVE  
City-State-Zip: TAMPA FL 33625

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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:** LISA KNIGHT

TREASURER

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                BURGHDORF, LARRY  
Address             11229 SHADYBROOK DR  
City-State-Zip:    TAMPA FL 33625

Title                 DIRECTOR  
Name                MAUTER-HALE, HEIDI  
Address             11229 SHADYBROOK DR  
City-State-Zip:    TAMPA FL 33625