

2015 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

04/22/2015

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 T
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 SECRETARY
Name DOMINGUEZ, KATHY
Address 5705 DALDEN DR
City-State-Zip: TAMPA FL 33617

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

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: GAIL AMBLER

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04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date