

2021 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

03/29/2021

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

Title SECRETARY
Name GUMZ, PATTI
Address 1821 30TH AVENUE NORTH
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 METILLY, LAURA
Address 2326 PALM AVENUE
City-State-Zip: SEFFNER FL 33594

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

Title DIRECTOR
Name BURGHODORF, LARRY
Address 15011 SOUTHFORK DRIVE
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name MAUTER-HALE, HEIDI
Address 1405 E 23RD AVENUE
City-State-Zip: TAMPA FL 33605

Continues on page 2

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: KATHLEEN WALVOORD

PRESIDENT

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LANDFIELD, LAURA
Address	16929 MELISSA ANN DRIVE
City-State-Zip:	LUTZ FL 33558