

2019 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

03/04/2019

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	SECRETARY
Name	GUMZ, PATTI
Address	1821 30TH STREET
City-State-Zip:	ST PETERSBURG FL 33713
Title	DIRECTOR
Name	FAZIO , KRISTINA
Address	4240 FORESTER LANE
City-State-Zip:	TAMPA FL 33618
Title	TREASURER
Name	KNIGHT, LISA
Address	11229 SHADYBROOK DRIVE
City-State-Zip:	TAMPA FL 33625

Title	VP
Name	MARTINELLI, JIM
Address	8507 NORTHTON GROVES BLVD.
City-State-Zip:	ODESSA FL 33556
Title	DIRECTOR
Name	TATE, JENNIFER
Address	11319 PALM PASTURE DR
City-State-Zip:	TAMPA FL 33635
Title	DIRECTOR
Name	METILLY, LAURA
Address	4104 MORELAND DRIVE
City-State-Zip:	VALRICO FL 33596
Title	DIRECTOR
Name	BURGHODORF, LARRY
Address	11229 SHADYBROOK DR
City-State-Zip:	TAMPA FL 33625

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: LISA KNIGHT

TREASURER

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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