

|                                    |  |
|------------------------------------|--|
| <b>DOCUMENT # 711656</b>           |  |
| 1. Entity Name                     |  |
| <b>SISTERS OF ST. JOSEPH, INC.</b> |  |

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90038 001 \*\*\*\*70.00

|  |  |
|--|--|
| Principal Place of Business                                  | Mailing Address  |
| 241 ST GEORGE STREET<br>PO BOX 3506<br>ST AUGUSTINE FL 32085 | 241 ST GEORGE STREET<br>PO BOX 3506<br>ST AUGUSTINE FL 32085 |



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                     |                                |
|-------------------------------------|--------------------------------|
| 4. FEI Number                       | Applied For                    |
| 59-6016039                          | Not Applicable                 |
| 5. Certificate of Status Desired    | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> |                                |

|   |
|---|
| 6. Name and Address of Current Registered Agent   |
| <del>BURLESON, CHRISTOPHER MARIE, SISTER</del><br><del>241 ST GEORGE STREET</del><br><del>ST AUGUSTINE FL 32084</del> |

|  |                           |
|--|---------------------------|
| 7. Name and Address of New Registered Agent        |                           |
| Name   | SISTER GRACE MARIE PARKER |
| Street Address (P.O. Box Number is Not Acceptable) | 241 ST. GEORGE ST         |
| City   | ST. AUGUSTINE, FL         |
| Zip Code   | 32084                     |

|   |   |
|---|---|
| 8. 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   | Signature, typed or printed name of registered agent and title if applicable. |
| <i>Sister Grace Marie Parker, GEN. TREAS. SISTER GRACE M. PARKER 1-4-01</i>   | (NOTE: Registered Agent signature required when reinstating) DATE             |

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | T <input type="checkbox"/> Delete  |
| NAME                       | PARKER, GRACE MARIE                |
| STREET ADDRESS             | 241 ST GEORGE ST                   |
| CITY-ST-ZIP                | SAINT AUGUSTINE FL 32084           |
| TITLE                      | VD <input type="checkbox"/> Delete |
| NAME                       | KUHN, ANN S                        |
| STREET ADDRESS             | 241 ST. GEORGE ST.                 |
| CITY-ST-ZIP                | ST. AUGUSTINE FL 32084             |
| TITLE                      | PC <input type="checkbox"/> Delete |
| NAME                       | BRYAN, FLORENCE SISTER             |
| STREET ADDRESS             | 241 ST. GEORGE ST.                 |
| CITY-ST-ZIP                | ST. AUGUSTINE FL 32084             |
| TITLE                      | S <input type="checkbox"/> Delete  |
| NAME                       | PAYETTE, LYN S                     |
| STREET ADDRESS             | 241 ST. GEORGE ST.                 |
| CITY-ST-ZIP                | ST. AUGUSTINE FL 32084             |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | STOECKER, JANE SISTER              |
| STREET ADDRESS             | 181 N.W. 74 ST.                    |
| CITY-ST-ZIP                | MIAMI FL 33150                     |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | MCGOLDRICK, THOMAS J               |
| STREET ADDRESS             | 2323 FORREST CREST CIRCLE          |
| CITY-ST-ZIP                | LUTZ FL 33549                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|  |                           |        |                 |
|--|---------------------------|--------|-----------------|
| SIGNATURE:   | <i>Sister Lyn Payette</i> | 1-4-01 | 904-824-1752    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                           | Date   | Daytime Phone # |

CR2E037 (10/00)

DOCUMENT # 711656

1. Entity Name

SISTERS OF ST. JOSEPH, INC.

Principal Place of Business

241 ST GEORGE STREET  
PO BOX 3506  
ST AUGUSTINE FL 32085

Mailing Address

241 ST GEORGE STREET  
PO BOX 3506  
ST AUGUSTINE FL 32085-3506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6016039

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Sister Grace Marie Parker

Street Address (P.O. Box Number is Not Acceptable)  
241 St. George St.

City St. Augustine

FL Zip Code 32084

BURLESON, CHRISTOPHER MARIE, SISTER  
241 ST GEORGE STREET  
ST AUGUSTINE FL 32084

8. 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

Sister Grace Marie Parker

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete

NAME BURLESON, CHRISTOPHER M  
STREET ADDRESS 241 ST GEORGE ST  
CITY-ST-ZIP ST AUGUSTINE, FL 00000

TITLE ☐ Delete

NAME KUHN, ANN S  
STREET ADDRESS 241 ST. GEORGE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete

NAME BRYAN, FLORENCE SISTER  
STREET ADDRESS 241 ST. GEORGE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete

NAME PAYETTE, LYN S  
STREET ADDRESS 241 ST. GEORGE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete

NAME STOECKER, JANE SISTER  
STREET ADDRESS 181 N.W. 74 ST.  
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete

NAME MCGOLDRICK, THOMAS J  
STREET ADDRESS 2323 FORREST CREST CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Add

NAME Parker, Grace Marie  
STREET ADDRESS 241 St. George St.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Lyn Payette

S. Lyn Payette

January 7, 2000 (904)824-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #