

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711656

1. Entity Name

SISTERS OF ST. JOSEPH, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90025 028 ****70.00

Principal Place of Business

Mailing Address

241 ST GEORGE STREET
PO BOX 3506
ST AUGUSTINE FL 32085

241 ST GEORGE STREET
PO BOX 3506
ST AUGUSTINE FL 32085

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

PARKER, GRACE M SISTER
241 ST GEORGE STREET
ST AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME PARKER, GRACE MARIE
STREET ADDRESS 241 ST GEORGE ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
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:

Sister Grace Marie Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2

904-824-1752

Date

Daytime Phone #

CR2E037 (9/01)