



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E037 (11/03) 4. FEI Number 59-6016039 Applied For Not Applying	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PARKER, GRACE M SISTER 241 ST GEORGE STREET ST AUGUSTINE FL 32084			
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	PARKER, GRACE MARIE		STREET ADDRESS	000000011965	
CITY - ST - ZIP	241 ST GEORGE ST SAINT AUGUSTINE FL 32084		CITY - ST - ZIP	01/23/04-80059-011 70.00	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	PD KUHN, ANN S		STREET ADDRESS	241 ST. GEORGE ST.	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	VD STOUP, ELIZABETH		STREET ADDRESS	241 ST. GEORGE ST.	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	S KEANE, NANCY		STREET ADDRESS	241 ST. GEORGE ST.	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	D FOSTER, SUZAN		STREET ADDRESS	241 ST. GEORGE ST.	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084		CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	D GONZALEZ, EDITH		STREET ADDRESS	3665 S. MIAMI AVE.	
CITY - ST - ZIP	MIAMI FL 33133		CITY - ST - ZIP	MIAMI FL 33133	
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: <i>Sister Grace Marie Parker</i> SISTER GRACE MARIE PARKER 1-21-4 904-824-1752 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					