


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90032 005 ****61.25

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.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6016039	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 SISTER SUZAN FOSTER Street Address (P.O. Box Number is Not Acceptable) 241 ST. GEORGE ST St Augustine City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Sister Suzan Foster</u> 1/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, GRACE MARIE <input checked="" type="checkbox"/> Delete 241 ST GEORGE ST SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUHN, ANN S <input type="checkbox"/> Delete 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOUP, ELIZABETH <input type="checkbox"/> Delete 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, NANCY <input type="checkbox"/> Delete 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, SUZAN <input type="checkbox"/> Delete 241 ST. GEORGE ST. SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, EDITH <input type="checkbox"/> Delete 3665 S. MIAMI AVE. MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sister Suzan Foster</u> 1/11/05 964-824-1752 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					