


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 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**



01232006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FOSTER, SUZAN
241 ST GEORGE STREET
ST AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

000000401719
02/02/06 80055-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUHN, ANN S 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOUP, ELIZABETH 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, NANCY 241 ST. GEORGE ST. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, SUZAN 241 ST. GEORGE ST. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, EDITH 3885 S. MIAMI AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Suzan Foster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 **904-834-1752**
Date Daytime Phone #