


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711656</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6016039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

00000607554  
 01/31/07-80042-025 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 3665 S. MIAMI AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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**  Sister Ann Kuhn, SSJ 1-23-07 904-824-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #