

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711656

FILED
Feb 12, 2009
Secretary of State

Entity Name: SISTERS OF ST. JOSEPH, INC.

Current Principal Place of Business:

241 ST GEORGE STREET
PO BOX 3506
ST AUGUSTINE, FL 32085

New Principal Place of Business:

241 ST GEORGE STREET
ST AUGUSTINE, FL 32084

Current Mailing Address:

241 ST GEORGE STREET
PO BOX 3506
ST AUGUSTINE, FL 32085

New Mailing Address:

241 ST GEORGE STREET
ST AUGUSTINE, FL 32084

FEI Number: 59-6016039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUHN, ANN S
Address: 241 ST. GEORGE ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD () Delete
Name: STOUP, ELIZABETH
Address: 241 ST. GEORGE ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: KEANE, NANCY
Address: 241 ST. GEORGE ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: FOSTER, SUZAN
Address: 241 ST. GEORGE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: GONZALEZ, EDITH
Address: 3665 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SR. ANN E. KUHN, SSJ

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date