

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753971

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: ST. FRANCIS HOUSE, INC.

## Current Principal Place of Business:

413 S MAIN ST  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

P OBOX 12491  
P.O. BOX 12491  
GAINESVILLE, FL 32604 US

## New Mailing Address:

FEI Number: 59-1978981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, R T  
204 W UNIV. AVE  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

STINSON, KIRSTIN J ESQ.  
ONE S.E. FIRST AVENUE  
GAINESVILLE, FL 32601 US

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: KIRSTIN J. STINSON

01/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELLIS, GEORGIANN  
Address: 1417 SW 90TH STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete  
Name: BUHR, DIANNE  
Address: 3736 NW 28TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete  
Name: VYVERBERG, FRED  
Address: 2104 NW 102ND WAY  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD ( ) Delete  
Name: COCKRELL, AL  
Address: 3411 NW 32ND DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: DIR ( ) Delete  
Name: VANN, KENT  
Address: 413 SOUTH MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601

## 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: KENT E. VANN

DIR

01/11/2008

Electronic Signature of Signing Officer or Director

Date