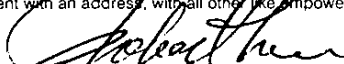


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 024 ****61.25

DOCUMENT # 759713 1. Entity Name ST. ANTHONY'S HEALTH CARE FOUNDATION, INC.					
Principal Place of Business 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705 US			Mailing Address 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2128991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULBRICHT, WILLIAM G 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008		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	PRES		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULBRICHT, WILLIAM G		NAME		
STREET ADDRESS	1200 SEVENTH AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	C <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILCHAK, JOHN		NAME		
STREET ADDRESS	360 CENTRAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREMONTI, CARL		NAME		
STREET ADDRESS	1200-7TH AVE NO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Rebecca Arseneau		NAME		
STREET ADDRESS	1200 7TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TRUSTEES (SEE ATTACHED)					
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:  ROBERT SHERMAN 1/29/08 727 820 7816					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40017153
759713

2008 St. Anthony's Health Care Foundation Board of Trustees

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