



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 041 ****61.25

DOCUMENT # 764270 1. Entity Name ST. VINCENT'S FOUNDATION, INC.					
Principal Place of Business 1800 BARRS STREET JACKSONVILLE, FL 32204 US			Mailing Address C/O LAURIE S. TEPPERT 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2219923			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TEPPERT, LAURIE S ST. VINCENT'S HEALTH SYSTEM 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAHER, JOHN J 1801 BARRS STREET STE JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GODFREY, JOHN M PD 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANIER, JANE R CFRE 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  JOHN MAHER 4-25-07 904-308-4002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40083303



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ATTACHMENT

40083934

St. Vincent's Foundation, Inc.

2007 Not-For-Profit Corporation Annual Report

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List of Additional Officers and Directors:

VCD- Lou Walsh
VPD- Roxie Merrill
VPD- Marcia Morales
VPD- Sister DeSales Wisniewski
SD- Thomas McGehee
TD- Greg Delaney
D- Scot Ackerman, M.D
D- Tom Bishop
D- Warren Chandler
D- Paul Chappano, M.D.
D- Nancy Chartrand
D- David Conover
D- James M. Corrigan
D- Edward Dempsey
D- John Duss
D- Mac Haskell
D- John W. Logue
D- Richard A. Mullaney
D-Susan Pitman
D- Sister Cora Anne Signaigo
D- Mary Virginia Terry
D- Becky Wachholz
D- Jean Williams
D- Yousef Zaatar

Address for all Officers and Directors:

1800 Barrs St., Jacksonville, FL 32204