



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90031 005 \*\*\*\*61.25

<b>DOCUMENT # 764270</b> 1. Entity Name <b>ST. VINCENT'S FOUNDATION, INC.</b>					
Principal Place of Business <b>1800 BARRS STREET JACKSONVILLE, FL 32204 US</b>				Mailing Address <b>C/O LAURIE S. TEPPERT 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1 Shircliff Way</b>		3. Mailing Address <b>2 Shircliff Way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 600</b>		03072008 Chg-NP CR2E037 (12/06)	
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville</b>		4. FEI Number <b>59-2219923</b>	
Zip <b>32204</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TEPPERT, LAURIE S ST. VINCENT'S HEALTH SYSTEM 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent Name <b>Laurie Teppert</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 Shircliff Way</b> <b>Suite 600</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>	
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 <u><i>Laurie Teppert</i></u> DATE <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whalen, Scott Shircliff Way Jacksonville FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	D 1 Shircliff Way	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	1 Shircliff Way	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Scott Whalen</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

- 40052605

St. Vincent's Foundation, Inc.  
2008 Not-For-Profit Corporation Annual Report  
Document # 764270

Page 2 of 2

List of Additional Officers and Directors:

CD - Louis Walsh  
VCD - Richard A. Mullaney  
VPD - Marcia Morales  
VPD - Sister DeSales Wisniewski  
SD - Tom Bishop  
TD- James M. Corrigan  
D- Scot Ackerman, M.D  
D- Warren Chandler  
D- Paul Chappano, M.D.  
D- Nancy Chartrand  
D - Lorie Chism  
D- David Conover  
D - Dan Curran  
D- Greg Delaney  
D - J.C. Demetree  
D- Edward Dempsey  
D- John Duss  
D- Mac Haskell  
D - Michael Holmes  
D- John W. Logue  
D - John Maher  
D- Thomas McGehee  
D - C. Daniel Rice  
D- Mary Virginia Terry  
D- Jay Williams  
D- Yousef Zaatar

Address for all Officers and Directors:  
1 Shirecliff Way  
Jacksonville, Florida 32204