


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 030 \*\*\*\*61.25

<b>DOCUMENT # F03000000238</b>									
1. Entity Name SISTERS OF ST. JOSEPH OF CARONDELET, ST. LOUIS PROVINCE CORPORATION									
Principal Place of Business 6400 MINNESOTA AVENUE ST. LOUIS, MO 63111		Mailing Address 6400 MINNESOTA AVENUE ST. LOUIS, MO 63111							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number <b>43-6000007</b> <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
SCHMIDT, ROBERTA J CSJ 1700 SHOALS CT VENICE, FL 34293			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 _____									
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees					
				<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	HADICAN, MARY KAY CSJ		NAME	MAHER, FRAN CSJ					
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS	6400 MINNESOTA AVENUE					
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP	ST. LOUIS, MO 63111					
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	STRAUB, SANDRA CSJ		NAME	MORIARTY, RITA CSJ					
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS	6400 MINNESOTA AVENUE					
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP	ST. LOUIS, MO 63111					
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LISTON, MARY KAY CSJ		NAME						
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP						
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JOHNSON, MARY F CSJ		NAME						
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DEBLOIS, JEAN K CSJ		NAME						
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DILLON, JACQUELINE CSJ		NAME						
STREET ADDRESS	6400 MINNESOTA AVENUE		STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS, MO 63111		CITY-ST-ZIP						
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: <i>Mary F Johnson, CSJ</i>		MARY F. JOHNSON, CSJ		Date: 7/3/07 (314)481-8800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #					