

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57488

FILED
Mar 25, 2008
Secretary of State

Entity Name: THE ST. FRANCIS CORPORATION

Current Principal Place of Business:

279 ST GEORGE STREET
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

279 ST. GEORGE ST
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2523322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEGAN, JOSEPH P JR
279 ST GEORGE ST.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FINNEGAN, JOSEPH P., JR.
Address: 34 ST. FRANCES ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: FINNEGAN, MARGARET H. .
Address: 34 ST. FRANCIS ST
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FINNEGAN, JOSEPH P., JR.
Address: 34 ST. FRANCIS ST
City-St-Zip: ST AUGUSTINE, FL 32084

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P. FINNEGAN JR.

DP

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date