# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N00000001487

**Entity Name:** SAINT FRANCES CABRINI SPIRITUAL & EDUCATION FUND, INC.

**Current Principal Place of Business:**

12001-69TH ST E
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

12001-69TH ST E
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number: 65-0989806** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGLINN, KEVIN
3508 WILDERNESS BLVD E
PARRISH, FL 34219 US

**Name and Address of New Registered Agent:**

FIELDS, LISA K
2802 89TH AVENUE EAST
PARRISH, FL 34219 US

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: LISA K FIELDS 04/29/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: OHLMAN, MICHAEL T
Address: 805 137TH STREET E.
City-St-Zip: BRADENTON, FL 34202

Title: T ( ) Delete
Name: SCHUERMAN, KIMBERLY
Address: 3002 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: GOLDEN, BETH
Address: 15955 WATER LINE RD
City-St-Zip: BRADENTON, FL 34212

Title: D ( ) Delete
Name: MCGLINN, KEVIN
Address: 3508 WILDERNESS BLVD E
City-St-Zip: PARRISH, FL 34219

Title: P (X) Delete
Name: FIELDS, LISA K
Address: 2802 89TH AVE E
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SCHUERMAN, KIMBERLY M
Address: 3002 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: FIELDS, LISA K
Address: 2802 89TH AVE E
City-St-Zip: PARRISH, FL 34219

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

SIGNATURE: KIMBERLY M. SCHUERMAN T 04/29/2009
Electronic Signature of Signing Officer or Director Date