



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90058 030 ****61.65

DOCUMENT # N00667 1. Entity Name THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.					
Principal Place of Business 5151 NORTH NINTH AVE. PENSACOLA, FL 32504			Mailing Address 5151 NORTH NINTH AVE. PENSACOLA, FL 32504		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2356341	
				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 EMMAUEL, KAREN O 5151 N 9TH AVE PENSACOLA, FL 32504				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)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			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	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MARK MD			NAME	
STREET ADDRESS	228 AMBERJACK DRIVE, APT. F			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWINE, JIM			NAME	
STREET ADDRESS	1200 FORT PICKENS ROAD, #1A			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARTON, JIM			NAME	
STREET ADDRESS	3016 LIANNE LANE			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, GERRY			NAME	
STREET ADDRESS	P.O. BOX 30632			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLIN, DEBORAH			NAME	
STREET ADDRESS	2381 LANSING DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKER, JOAN			NAME	
STREET ADDRESS	4551 NORTHPOINTE PLACE			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Gerry Shearer, Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

50013449



01292005 Chg-NP CR2E037 (10/03)

THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.
2005 Additional Officers and Directors

ATTACHMENT

#N000607

50013449

Title: D
Name: Leyrer, Bette
Street Address: 268 St. Patrick Avenue
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Morehouse, Jim
Street Address: 45 Howard Drive
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Hirschorn, Brenda
Street Address: 10067 Huntsman Path
City-St-Zip: Pensacola, FL 32514

Title: D
Name: Zloba, Paul
Street Address: 3878 Sailwind Drive
City-St-Zip: Gulf Breeze, FL 32561

Title: D
Name: Byrd, Gladys
Street Address: 3061 Fifteenth Avenue
City-St-Zip: Milton, FL 32583

Title: D
Name: Maney, Betty
Street Address: 4820 Valasquez
City-St-Zip: Pensacola, FL 32504

Title: D
Name: Stefani, Alice
Street Address: 10003 Fox Run Road
City-St-Zip: Pensacola, FL 32514

Title: D
Name: Martnishn, Ann
Street Address: 5810 W. Linda Street
City-St-Zip: Pensacola, FL 32506

Title: D
Name: Barker, Jean
Street Address: 3005 E. Gadsden Street
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Carroll, Mark
Street Address: 228 Amberjack Drive, Apt. F
City-St-Zip: Ft. Walton Beach, FL 32548

Title: D
Name: Cox, Buel
Street Address: 2299 Scenic Highway, #I-6
City-St-Zip: Pensacola, FL 32503

ATTACHMENT

N200607

50013449

Title: D
Name: Ferrell, Alice
Street Address: 6103 Fairview Drive
City-St-Zip: Pensacola, FL 32505

Title: D
Name: Baugh, Ken
Street Address: 2940 Logan Drive
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Nolan, Earlene
Street Address: 2300 Aegean Terrace
City-St-Zip: Pensacola, FL 32503

Local C: Guild 2005 Directors
January 31, 2005