


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90186 024 \*\*\*\*70.00

<b>DOCUMENT # N00667</b> 1. Entity Name <b>THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>EMMAUEL, KAREN O</b> <b>5151 N 9TH AVE</b> <b>PENSACOLA, FL 32504</b>			7. Name and Address of New Registered Agent -- Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D CARROLL, MARK MD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	228 AMBERJACK DRIVE, APT. F		NAME		
STREET ADDRESS	FORT WALTON BEACH, FL 32548		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	P DEWINE, JIM <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1200 FORT PICKENS ROAD, #1A		NAME	Dewine, Jim	
STREET ADDRESS	PENSACOLA BEACH, FL 32561		STREET ADDRESS	1200 Fort Pickens Road #1A	
CITY - ST - ZIP			CITY - ST - ZIP	Pensacola Beach, FL 32561	
TITLE	D DUDLEY, JUNE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5100 NORTHPOINTE PKWY		NAME		
STREET ADDRESS	PENSACOLA, FL 32514		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	TD SHEARER, GERRY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 30632		NAME		
STREET ADDRESS	PENSACOLA, FL 32503		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D TURNER, LEE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5151 N NINTH AVE.		NAME		
STREET ADDRESS	PENSACOLA, FL 32504		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DS BROOKER, JOAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4551 NORTHPOINTE PLACE		NAME		
STREET ADDRESS	PENSACOLA, FL 32514		STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Gerry Shearer, Secretary/Treasurer</b> 2/28/2008 416-7885 <small>Date Daytime Phone #</small>		

ATTACHMENT 40036263  
#N00667

**THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.  
2008 Additional Officers and Directors**

Title: P  
Name: Shelby, Janet  
Street Address: 9011 Governors Place Court  
City-St-Zip: Pensacola, FL 32514

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

Title: D  
Name: Byrd, Minnie  
Street Address: 2550 North 15<sup>th</sup> Avenue  
City-St-Zip: Pensacola, FL 32503

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

Title: VP  
Name: Hunter, Peggy  
Street Address: 4301 Creighton Road Apt 4  
City-St-Zip: Pensacola, FL 32504

Title: D  
Name: Brayman, Yvonne  
Street Address: 3038 Creekwood Drive  
City-St-Zip: Cantonment, FL 32533

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

Title: D  
Name: Byrd, Minnie  
Street Address: 2550 North 5<sup>th</sup> Avenue  
City-St-Zip: Pensacola, FL 32503

Title: D  
Name: Woolam, Alice  
Street Address: 4609 Lennox Place  
City-St-Zip: Pensacola, FL 32514

Title: D  
Name: Miceli, Tony  
Street Address: 4336 Dynasty Drive  
City-St-Zip: Pensacola, FL 32504

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

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