

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00667

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.

**Current Principal Place of Business:**

5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 59-2356341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EMMAUEL, KAREN O  
5151 N 9TH AVE  
PENSACOLA, FL 32504 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEWINE, JIM  
Address: 1200 FORT PICKENS ROAD, #1A  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TD ( ) Delete  
Name: SHEARER, GERRY  
Address: P.O. BOX 30632  
City-St-Zip: PENSACOLA, FL 32503

Title: DS ( ) Delete  
Name: BROOKER, JOAN  
Address: 4551 NORTHPOINTE PLACE  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: P ( ) Change (X) Addition  
Name: SHELBY, JANET  
Address: 9011 GOVERNORS PLACE COURT  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Change (X) Addition  
Name: HUNTER, PEGGY  
Address: 4301 CREIGHTON ROAD, APT. 4  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Change (X) Addition  
Name: BYRD, MINNIE  
Address: 2550 NORTH 15TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

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: KAREN O. EMMANUEL

RA

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date