

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00667

FILED
Feb 17, 2010
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: P
Name: SHELBY, JANET
Address: 9011 GOVENORS PLACE COURT
City-St-Zip: PENSACOLA, FL 32514

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

Title: VP
Name: EDGE, JOHN
Address: 1526 EAST AVERY STREET
City-St-Zip: PENSACOLA, FL 32503

Title: S
Name: DAVIS, LOUISE
Address: 3631 OVERLAND DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: PE
Name: DEWINE, JAMES
Address: 1200 FT. PICKENS ROAD #1A
City-St-Zip: PENSACOLA BEACH, FL 32561

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

I hereby 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 all other like empowered.

SIGNATURE: GERRY SHEARER

TD

02/17/2010

Electronic Signature of Signing Officer or Director

Date