

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90080 042 ****61.25

DOCUMENT # N03000001228 1. Entity Name SACRED HEART HOSPITAL ON THE EMERALD COAST GUILD, INC.					
Principal Place of Business 7800 US HIGHWAY 98 WEST DESTIN, FL 32550			Mailing Address 7800 US HIGHWAY 98 WEST DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01172007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMMANUEL, KAREN O 5151 NORTH NINTH AVENUE 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, KATHY 2007 CRYSTAL LAKE DR DESTIN, FL 32550	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marasia, Jim 5440 Tivoli Terrace Dr. Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANKO, JAN 55 NATURE WAY SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Elizabeth Carnell 6326 Augusta Cove Destin, FL 32541	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MARASIA, JIM 5440 TIVOLI TERRACE DR MIRAMAR BEACH, FL 32550	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNELL, ELIZABETH 6236 AUGUSTA COVE DESTIN, FL 32541	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNELL, ELIZABETH 6236 AUGUSTA COVE DESTIN, FL 32541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fine, Barbara 168 Sandtrap Rd. Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR THOMASON, ELAINE 99 BLUE HERON DR NORTH SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Harris, Kathy 2007 Crystal Lake Dr. Destin, FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PARKS, BARRY 4318 CARRIAGE LN DESTIN, FL 32541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Harris, Kathy 2007 Crystal Lake Dr. Destin, FL 32550	☐ Change ☒ Addition
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.					
SIGNATURE: <u>Barry Parks</u> BARRY PARKS <u>Jan 18, 2007</u> <u>850-269-1001</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					