2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90193 027 ****61.25

DOCUMENT # N04000003141

1. Entity Name
ST. ANN PLACE FOUNDATION, INC.

Principal Place of Business	Mailing Address
223 SUNSET AVE. SUITE 230 ~~WEST PALM BEACH, FL 33401~~ Palm Beach, FL 33480	PO BOX 4297 WEST PALM BEACH, FL 33402

Q00300

01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0503043
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK
223 SUNSET AVE.
SUITE 230
~~WEST PALM BEACH, FL 33401~~
Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURTAGH, FATHER SEAMUS
STREET ADDRESS	2107 N DIXIE HWY
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	HUDON, SISTER MARY OLIVER, SSND
STREET ADDRESS	310 N OLIVE AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	TD
NAME	SMITH, LESLY
STREET ADDRESS	300 CHAPEL HILL RD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SD
NAME	CHOPIN, L. FRANK ESQ
STREET ADDRESS	223 SUNSET AVE. STE. 230
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33401~~
	Palm Beach, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: L. Frank Chopin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #