2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N04000007946

Entity Name: SISTERS OF ST. FRANCIS XAVIER INC.

Current Principal Place of Business:

905 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

905 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082

New Mailing Address:

FEI Number: 20-1499617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

P. SULLIVAN, THOMAS F
905 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082 US

Name and Address of New Registered Agent:

SULLIVAN, THOMAS F
905 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082 US

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: THOMAS F SULLIVAN 01/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NAW PHAWLER, EMMA
Address: 2573 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD ( ) Delete
Name: CHARLEBOIS, ROBERT
Address: 2474 TOLEDO AVE
City-St-Zip: PALM SPRINGS, CA 92264

Title: STD ( ) Delete
Name: SULLIVAN, THOMAS F.P.
Address: 905 POINTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F SULLIVAN STD 01/04/2006
Electronic Signature of Signing Officer or Director Date