

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04516

FILED
Mar 19, 2009
Secretary of State

Entity Name: SACRED HEART FOUNDATION, INC.

Current Principal Place of Business:

5151 N. 9TH AVENUE
PAYNE BLDG, STE 260
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

5151 N. 9TH AVENUE
PAYNE BLDG, STE 260
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2436597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MADDEN, PATRICK J
5151 N. 9TH AVENUE
ADMINISTRATION
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: T () Delete
Name: WEBB, ROGER
Address: 220 W GARDEN ST STE 500
City-St-Zip: PENSACOLA, FL 32501

Title: VC () Delete
Name: RIEDEL, STEVE
Address: 3271 BURNED PINE CIRCLE
City-St-Zip: DESTIN, FL 32550

Title: S () Delete
Name: MOORE, ELIZABETH B
Address: 1622 STAR LAKE PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: C () Delete
Name: ADAMS, BLAISE
Address: 2200 AIRPORT BOULEVARD
City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete
Name: ROBERTS, HENRY E
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: JONES, JIMMY E MD
Address: 5153 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MALLOY, BILL
Address: 5017 HIGH POINT DRIVE
City-St-Zip: PENSACOLA, FL 32505

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

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: HENRY ROBERTS

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date