

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004524**

1. Entity Name  
**BENEDICTINE SISTERS OF FLORIDA, INC.**



Principal Place of Business

33201 STATE HWY 52  
ST LEO, FL 33574

Mailing Address

PO BOX 2450  
ST LEO, FL 33574



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0737887**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREENFELDER, GLEN E**  
**14217 THIRD ST**  
**DADE CITY, FL 33523**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000787847  
01/18/08-80016-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NEUHOFFER, MARY C
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	ST LEO, FL 33574
TITLE	V
NAME	ABBOTT, JEAN
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	ST LEO, FL 33574
TITLE	T
NAME	MARTINSON, JANE
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	ST LEO, FL 33574
TITLE	S
NAME	HYDRO, MARY D
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	ST LEO, FL 33574
TITLE	D
NAME	BAILEY, ROBERTA
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	ST LEO, FL 33574
TITLE	D
NAME	NEUHOFFER, MARY D
STREET ADDRESS	33201 STATE HWY 52
CITY-STATE-ZIP	SAINT LEO, FL 33574

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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:**

*Jane Martinson*  
**JANE MARTINSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 9, 2008** (352) 588-9320

Date

Daytime Phone #