

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004524

FILED  
Apr 20, 2011  
Secretary of State

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

**Current Principal Place of Business:**

33201 STATE HWY 52  
ST LEO, FL 33574

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2450  
ST LEO, FL 33574

**New Mailing Address:**

**FEI Number:** 59-0737887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENFELDER, GLEN E  
14217 THIRD ST  
DADE CITY, FL 33523 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: P  
Name: BAILEY, ROBERTA  
Address: 33201 STATE HWY 52  
City-St-Zip: ST LEO, FL 33574

Title: V  
Name: HYDRO, MARY DAVID  
Address: 33201 STATE HWY 52  
City-St-Zip: ST LEO, FL 33574

Title: T  
Name: ABBOTT, JEAN  
Address: 33201 STATE HWY 52  
City-St-Zip: ST LEO, FL 33574

Title: S  
Name: ROBERTS, MARGARET MARY  
Address: 33201 STATE HWY 52  
City-St-Zip: ST LEO, FL 33574

Title: D  
Name: DUNBAR, EILEEN  
Address: 33201 STATE HWY 52  
City-St-Zip: ST LEO, FL 33574

Title: D  
Name: GELIS, MILDRED  
Address: 33201 STATE HWY 52  
City-St-Zip: SAINT LEO, FL 33574

I hereby 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 all other like empowered.

SIGNATURE: JEAN ABBOTT

T

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date