

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 039 *****61.25

DOCUMENT # N06000003218					
1. Entity Name ST. JOSEPH'S FAMILY FOUNDATION, INC.					
Principal Place of Business 431 LAGOON AVENUE NAPLES, FL 34108			Mailing Address 431 LAGOON AVENUE NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-4510552	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MICHAEL G C/O TOPIARY CREATIONS, INC. 1730 KEANE AVENUE SW NAPLES, FL 34117			7. Name and Address of New Registered Agent Name: <u>Philip A. Erickson</u> Street Address (P.O. Box Number is Not Acceptable): <u>431 Lagoon Ave.</u> City: <u>Naples</u> FL Zip Code: <u>34108</u>		
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:		<u>Philip A. Erickson</u>		<u>4/25/07</u>	
Filing Fee: \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERICKSON, MARCIA ROSA 431 LAGOON AVENUE NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERICKSON, ROSEMARY 431 LAGOON AVENUE NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITCH, JOHN 750 SEAGATE DRIVE NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Fitch, John 7775 Janderbilt Beach Rd Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Lamia Cham 4675 Santa Margherita Way Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer June Yannaco 1273 11th Court N Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rosemary Erickson</u>			<u>Rosemary Erickson</u> Director 4/25/07 239-547-3441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		