2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003218

Entity Name: ST. JOSEPH'S FAMILY FOUNDATION, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 431 LAGOON AVENUE NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 431 LAGOON AVENUE 431 LAGOON AVE NAPLES, FL 34108 NAPLES, FL 34108 FEI Number: 20-4510552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERIKSON, PHILIP A ERICKSON, PHILIP A 431 LAGOON AVE 431 LAGOON AVE NAPLES, FL 34108 US NAPLES, FL 34108 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: PHILIP A. ERICKSON 04/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ERICKSON, MARCIA ROSA GRAHAM, DEBBIE Name: Name: 431 LAGOON AVENUE Address: 6271 COPPER LEAF LN. Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34116 Title: Title: (X) Change () Addition () Delete ERICKSON, ROSEMARY Name: Name: ERICKSON, ROSEMARY Address: 431 LAGOON AVENUE Address: 431 LAGOON AVENUE City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: () Delete Title: () Change () Addition FITCH, JOHN Name: Name: 4445 VANDERBILT BEACH RD Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAMIA, CHAMI Name: 7675 SANTA MARGHERITA WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: Title: () Delete () Change () Addition YANNACO, JUNE Name: Name: 1273 11TH CT N Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change (X) Addition FUSCO, GARY Name: Name:

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.

Address:

City-St-Zip:

6570 ILEX CIR. NAPLES, FL 34109

SIGNATURE: REV. JOHN FITCH PRES 04/24/2008

Address:

City-St-Zip: