

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003218

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

431 LAGOON AVENUE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

431 LAGOON AVE.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-4510552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, PHILIP A
431 LAGOON AVE
NAPLES, FL 34108 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: D () Delete
Name: GRAHAM, DEBBIE
Address: 6271 COPPER LEAF LN.
City-St-Zip: NAPLES, FL 34116

Title: SEC () Delete
Name: ERICKSON, ROSEMARY
Address: 431 LAGOON AVENUE
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: FITCH, JOHN
Address: 4445 VANDERBILT BEACH RD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: LAMIA, CHAMI
Address: 7675 SANTA MARGHERITA WAY
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: YANNACO, JUNE
Address: 1273 11TH CT N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FUSCO, GARY
Address: 6570 ILEX CIR.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GALAS, PAM
Address: 2031 PRINCE DR.
City-St-Zip: NAPLES, FL 34110

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: ROSEMARY ERICKSON

SEC

04/20/2009

Electronic Signature of Signing Officer or Director

Date