

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007392

FILED
Mar 15, 2011
Secretary of State

Entity Name: SAINT JOSEPH MINISTRIES, INCORPORATED

Current Principal Place of Business:

241 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

241 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 27-0476785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHN, SSJ, ANN SISTER
241 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084 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: DIR
Name: FOSTER, SUZAN SISTER
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR
Name: GONZALEZ, EDITH SISTER
Address: 3665 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133 US

Title: DIR
Name: BURKHARDT, MARION
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR
Name: CRICHLLOW, DONALD
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR
Name: HEUBECK, MICHAEL
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR
Name: GIBSON, JOYCE
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: JOYCE GIBSON

DIR

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date