

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004622

**FILED**  
**Jun 17, 2011**  
**Secretary of State**

**Entity Name:** SACRED HEART HOSPITAL ON THE GULF GUILD, INC.

**Current Principal Place of Business:**

3801 E HWY 98  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

3801 E HWY 98  
PORT ST JOE, FL 32456

**New Mailing Address:**

FEI Number: 27-2586947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EMMANUEL, KAREN O  
5151 NORTH NINTH AVENUE  
PENSACOLA, FL 32504 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: TRE  
Name: BOGAERT, JENNIFER S  
Address: 131 GULF COAST CIRCLE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: PRES  
Name: WARRINER, PATRICIA T  
Address: 1601 CONSTITUTION DR.  
City-St-Zip: PORT ST. JOE, FL 32456

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: JENNIFER S BOGAERT

TREA

06/17/2011

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

\_\_\_\_\_  
Date