

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005317

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

**Entity Name:** SAINT JULIAN OF NORWICH PARISH, INC.

**Current Principal Place of Business:**

7664 SOUTH FEDERAL HWY - US 1  
REAR BLDG  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

199 CAMINO DEL RIO  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 04-3652197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHEFFIELD, BERNARD E FR.  
199 CAMINO DEL RIO  
PORT ST LUCIE, FL 34952 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:** P  
**Name:** SHEFFIELD, BERNARD E FATHER  
**Address:** 199 CAMINO DEL RIO  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** VP  
**Name:** WILLIAMS, FRANCIS J JR.  
**Address:** 199 CAMINO DEL RIO  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** S/T  
**Name:** HALL, PAUL J REV.  
**Address:** 607 COCONUT AVE.  
**City-St-Zip:** PORT ST LUCIE, FL 34952

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:** BERNARD E. SHEFFIELD, OSB

REV

02/17/2011

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

\_\_\_\_\_  
Date