

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

DOCUMENT# N10000008985

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

**Entity Name:** ST. FRANCIS HELPS, INC.

**Current Principal Place of Business:**

151 N OXFORD DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

151 N OXFORD DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

1811 ENGLEWOOD ROAD #200  
ENGLEWOOD, FL 34223

**FEI Number:** 80-0649877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGEE, HERBERT T  
1811 ENGLEWOOD ROAD #200  
ENGLEWOOD, FL 34223 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:** DP  
**Name:** AGEE, HERBERT T REV.  
**Address:** 1811 ENGLEWOOD ROAD #200  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** DV  
**Name:** LALIKER, JACQUELINE L  
**Address:** 961 PALMBROOKE DR  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** DST  
**Name:** QUIGLEY, CARMEL L DR.  
**Address:** 151 N OXFORD DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** HERBERT T AGEE

DP

02/17/2011

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

\_\_\_\_\_  
Date