

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003904

FILED
Apr 03, 2012
Secretary of State

Entity Name: MOTHER FRANCES DE SALES AUXILIARY TO THE HOMELESS, INC.

Current Principal Place of Business:

2540 HALF MOON WALK
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2540 HALF MOON WALK
NAPLES, FL 34102

New Mailing Address:

FEI Number: 45-2259250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOXHOVEN, REBECCA
2540 HALF MOON WALK
NAPLES, FL 34102 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: MRS.
Name: DONAHUE, KIMBERLY K
Address: 2525 LANTERN LANE
City-St-Zip: NAPLES, FL 34102 US

Title: MRS.
Name: FOXHOVEN, REBECCA D
Address: 2540 HALF MOON WALK
City-St-Zip: NAPLES, FL 34102 US

Title: MRS
Name: WOODWARD, LAURIE
Address: 2029 TEAGARDEN LANE
City-St-Zip: NAPLES, FL 34102 US

Title: MRS.
Name: DOLAN, PATRICIA D
Address: 260 BAY ROAD
City-St-Zip: NAPLES, FL 34102 US

Title: MRS.
Name: HUSSEY, JOANNE
Address: 2585 TARPON ROAD
City-St-Zip: NAPLES, FL 34102 US

Title: MRS.
Name: FERRAO, TINA M
Address: 800 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102 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: REBECCA D. FOXHOVEN

VP

04/03/2012

Electronic Signature of Signing Officer or Director

Date