

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24985

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** THE HOUSE OF ST. JOSEPH THE WORKMAN, INC.

**Current Principal Place of Business:**

C/O EVELYN J. MCCARRON  
319 RACETRACK RD NE  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EVELYN J. MCCARRON  
319 RACETRACK RD NE  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-2886544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCARRON, EVELYN J D  
214 FLIVA AVE  
FT. WALTON BEACH, FL 32548 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: D ( ) Delete  
Name: MCCARRON, EVELYN J D  
Address: 214 FLIVA AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: VD ( ) Delete  
Name: MCCARRON, THOMAS J VICE D.  
Address: 214 FLIVA AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: TR. ( ) Delete  
Name: IRLBECK, CATHERINE TREAS.  
Address: 1010 IRLBECK RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVELYN J. MCCARRON

D

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date