

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24985

**FILED**  
**Jan 11, 2010**  
**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 NW  
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  
Name: MCCARRON, EVELYN J D  
Address: 214 FLIVA NW AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32548

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

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

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: EVELYN J. MCCARRON

D

01/11/2010

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

\_\_\_\_\_  
Date