

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90152 007 \*\*\*\*61.25

**DOCUMENT # N24985**

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

Principal Place of Business  
**C/O EVELYN J. MCCARRON  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32547**

Mailing Address  
**C/O EVELYN J. MCCARRON  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32547**

2. Principal Place of Business  
**THE HOUSE OF ST. JOSEPH THE WORKMAN, Inc.  
319 RACETRACK RD NE  
FT. WALTON BEACH, FL 32547-2598  
850 862 4664**

Suite, Apt. #, etc. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State Zip Country City & State Zip Country

4. FEI Number **59-2886544** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCARRON, EVELYN J.  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent  
**Evelyn J. McCarron  
The House of St. Joseph The Workman, Inc.  
919 RACETRACK RD.  
St. Walton Bch.  
FL Zip Code 32547**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCARRON, EVELYN J.</b> <b>214 FLVA AVENUE</b> <b>FT. WALTON BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCARRON, THOMAS J.</b> <b>214 FLVA AVENUE</b> <b>FT. WALTON BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRLBECK, CATHERINE</b> <b>HIGHWAY 90W</b> <b>DEFUNIAK SPRINGS FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Catherine Irlbeck** 1/06/03 850-862-4664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Evelyn J. McCarron** 1/21/03

CR2E037 (10/02)