

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29764

FILED
Jun 30, 2005
Secretary of State

Entity Name: ST. FRANCIS FOUNDATION, INC.

Current Principal Place of Business:

13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592

New Principal Place of Business:

13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592 US

Current Mailing Address:

P.O. BOX 1264
THONOTOSASSA, FL 335921264

New Mailing Address:

P.O. BOX 1264
THONOTOSASSA, FL 335921264 US

FEI Number: 59-2930960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LE BOEUF, CLAIRE
13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

LEBOEUF, CLAIRE M
13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592 US

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: CLAIRE LEBOEUF, CSC

06/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ST PEIRRE, THERESE
Address: 3202 COLWELL AVE APT 1704
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MARQUIS, ELAINE
Address: 435 DUBUQUE STREET
City-St-Zip: MANCHESTER, NH 03102

Title: PDTD () Delete
Name: LEBOEUF, CLAIRE
Address: 13133 ST FRANCIS LANE
City-St-Zip: THONOTOSASSA, FL 33592

Title: VPD () Delete
Name: KINGSBURY, JACKIE
Address: 13133 ST FRANCIS LANE
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: LEHOULLIER, JEANNETTE
Address: 13133 ST FRANCIS LANE
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ST PIERRE, THERESE
Address: 3202 COLWELL AVE APT 1704
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: DESCOTEAUX, CAROL
Address: 377 ISLAND POND ROAD
City-St-Zip: MANCHESTER, NH 03019

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 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 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: CLAIRE LEBOEUF, CSC

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date