2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N29764

Entity Name: ST. FRANCIS FOUNDATION, INC.

Current Principal Place of Business:

13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1264
THONOTOSASSA, FL 335921264 US

New Mailing Address:

FEI Number: 59-2930960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBOEUF, CLAIRE M PRES.
13133 ST. FRANCIS LANE
THONOTOSASSA, FL 33592 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:	TROY, FONDER D	
Address:	36645 SUNSHINE ROAD	
City-St-Zip:	ZEPHYRHILLS, FL 33541 US	
Title:	D	( ) Delete
Name:	DIANE, SALISBURY D	
Address:	6112 18TH STREET	
City-St-Zip:	ZEPHYRHILLS, FL 33540 US	
Title:	PD	( ) Delete
Name:	LEBOEUF, CLAIRE M PRES.	
Address:	13133 ST FRANCIS LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	VPD	( ) Delete
Name:	KINGSBURY, JACKIE VICE-P.	
Address:	13133 ST FRANCIS LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	SD	( ) Delete
Name:	LEHOULLIER, JEANNETTE SEC'Y	
Address:	13133 ST FRANCIS LANE	
City-St-Zip:	THONOTOSASSA, FL 33592 US	

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:	
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 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: CLAIRE LEBOEUF, CSC SR. 01/03/2007
Electronic Signature of Signing Officer or Director — Date