

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002862

FILED
Apr 05, 2004
Secretary of State

Entity Name: THE SISTER MARGARET FREEMAN FOUNDATION, INC.

Current Principal Place of Business:

863 THIRD AVENUE, NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

863 THIRD AVENUE, NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 31-1470427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOVILLA, MICHAEL F ESQ
6524 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710

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: DUSSEAUT, NORMAN
Address: 863 THIRD AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: SCHATZEL, PETER
Address: 863 THIRD AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: SIVER, ROBERT
Address: 863 THIRD AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: ALLEN, MARY WYATT
Address: 863 THIRD AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: NOVILLA, MICHAEL F
Address: 6524 FIRST AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MD () Delete
Name: EGBERT, JANE
Address: 863 THIRD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

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:

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: JANE EGBERT

MD

04/05/2004

Electronic Signature of Signing Officer or Director

Date