

#61-25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002862

1. Entity Name

THE SISTER MARGARET FREEMAN FOUNDATION, INC.



FILED

05 MAY -3 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
863 THIRD AVENUE, NORTH
ST. PETERSBURG, FL 33701Mailing Address
863 THIRD AVENUE, NORTH
ST. PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005

Chg-NP

CR2E037 (10/03)

4. FEI Number
31-1470427Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUSSEAUT, NORMAN	
STREET ADDRESS	863 THIRD AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHATZEL, PETER	
STREET ADDRESS	863 THIRD AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

TITLE	D	<input type="checkbox"/> Delete
NAME	SIVER, ROBERT	
STREET ADDRESS	863 THIRD AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, MARY WYATT	
STREET ADDRESS	863 THIRD AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

TITLE	D	<input type="checkbox"/> Delete
NAME	NOVILLA, MICHAEL F	
STREET ADDRESS	6524 FIRST AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	

TITLE	MD	<input type="checkbox"/> Delete
NAME	EGBERT, JANE	
STREET ADDRESS	863 THIRD AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000054531130	
CITY-ST-ZIP	05/13/05--01066--024 **172.50	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

722-821-1200