

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 036 ****70.00

DOCUMENT # N96000002862

1. Entity Name
THE SISTER MARGARET FREEMAN FOUNDATION, INC.



Principal Place of Business
**863 THIRD AVENUE, NORTH
 ST. PETERSBURG, FL 33701**

Mailing Address
**863 THIRD AVENUE, NORTH
 ST. PETERSBURG, FL 33701**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01162008 Chg-NP CR2E037 (12/06)

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 **Jane Egbert**

Street Address (P.O. Box Number is Not Acceptable)
863 Third Ave North

City **St. Petersburg** FL Zip Code **33701**

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 *Jane Egbert* (NOTE: Registered Agent signature required when reinstating)

DATE **2/28/08**

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSSEAULT, NORMAN 863 THIRD AVENUE, NORTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKLEY, JEAN 150 BRIGHTWATERS BLVD. NE ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY WYATT 4001 ALABAMA AVENUE NE ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVILLA, MICHAEL F 6524 FIRST AVENUE, NORTH ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EGBERT, JANE 863 THIRD AVENUE NORTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, VIRGINIA 626 14TH AVENUE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jane Egbert* **2/28/08** **727-823-7866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #