



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90052 003 \*\*\*\*61.25

**50005748**

<b>DOCUMENT # N97000004090</b> 1. Entity Name <b>ST. JOSEPH BENEVOLENT ALLIANCE INC.</b>					
Principal Place of Business <b>871 VISCAYA BLVD</b> <b>ST AUGUSTINE, FL 32086 US</b>			Mailing Address <b>871 VISCAYA BLVD</b> <b>ST AUGUSTINE, FL 32086 US</b>		
2. Principal Place of Business <b>1965 State Rd 16</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>St. Augustine FL</b>		City & State  		4. FEI Number <b>59-3334865</b>	
Zip <b>32086</b>		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUIGLEY, JACOB B</b> <b>871 VISCAYA BLVD</b> <b>ST AUGUSTINE, FL 32086</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE: <i>Jacob B. Quigley</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>Jacob B. Quigley</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <b>1-21-05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete <b>CALDWELL, JAMES</b> STREET ADDRESS <b>6131 105TH ST</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32244</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/T</b> <b>Caldwell, James</b> STREET ADDRESS <b>6131 105th St</b> CITY-ST-ZIP <b>Jax. FL. 32244</b>		
TITLE	TD <input type="checkbox"/> Delete <b>QUIGLEY, JACOB B</b> STREET ADDRESS <b>871 VISCAYA BLVD</b> CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32086</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/P</b> <b>Quigley, Jacob B</b> STREET ADDRESS <b>871 Viscaya Blvd</b> CITY-ST-ZIP <b>St. Augustine FL 32086</b>		
TITLE	SD <input type="checkbox"/> Delete <b>CAPO, ARTHUR</b> STREET ADDRESS <b>1815 CENTURY BLVD</b> CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32084</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  		
TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  		
TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  		
TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  		
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: <i>Jacob B. Quigley</i> <i>Jacob B. Quigley</i> <b>1-21-05</b> <b>904-797-5509</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					