2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004090

1. Entity Name
ST. JOSEPH BENEVOLENT ALLIANCE INC.

Principal Place of Business	Mailing Address
150 KENT RD 2A SAINT AUGUSTINE, FL 32086 US	150 KENT RD 2A SAINT AUGUSTINE, FL 32086 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
871 Viscaya Blvd Suite, Apt. #, etc.	871 Viscaya Blvd Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: St. Augustine, FL
Zip: 32086 Country:	Zip: 32086 Country:

4. FEI Number: 59-3334865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEGUI, JR., DONALD J 34 CORDOVA ST ST AUGUSTINE, FL 32084	Name: Jacob B. Quigley Street Address (P.O. Box Number is Not Acceptable): 871 Viscaya Blvd City: St. Augustine FL Zip Code: 32086

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: Jacob B. Quigley Jacob B. Quigley 7-7-03
(Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEGUI, MARCI 34 CORDOVA ST ST AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDWELL, JAMES 6131 105TH ST JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Caldwell, James 6131 105 St Jacksonville FL. 32244 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGUI, DONALD J JR 34 CORDOVA ST SAINT AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700021417147 07/09/03--01073--002 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD QUIGLEY, JACOB B 871 VISCAYA BLVD SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPO, ARTHUR 1815 CENTURY BLVD SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Capo, Arthur 1815 Century Blvd St. Augustine, FL. 32084 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Jacob B. Quigley Jacob B. Quigley 7-7-03 904-84-2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #