


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90042 050 \*\*\*\*70.00

<b>DOCUMENT # N97000005292</b> 1. Entity Name <b>ST. FRANCIS SOCIETY, INC.</b>			
Principal Place of Business <b>1911 LAKE PLATT LANE TAMPA, FL 33618 US</b>		Mailing Address <b>1911 LAKE PLATT LANE TAMPA, FL 33618 US</b>	
2. Principal Place of Business - No P.O. Box # <b>504 Shadow Grove Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>504 Shadow Grove Ct</b> Suite, Apt. #, etc.	
City & State <b>Lutz, FL</b> Zip <b>33548</b> Country <b>USA</b>		City & State <b>Lutz, FL</b> Zip <b>33548</b> Country <b>USA</b>	
4. FEI Number <b>59-3469332</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STAFFORD, STU 1515 DALE MABRY HIGHWAY SUITE 102 LUTZ, FL 33548</b>		7. Name and Address of New Registered Agent Name: <b>WILLIAM A. SPRING CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8903 REGENTS PARK DRIVE SUITE 110</b> City: <b>TAMPA</b> FL Zip Code: <b>33647</b>	
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: <u>William A. Spring CPA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESPINOLA, SHARON</b> <b>504 SHADOW GROVE COURT</b> <b>LUTZ, FL 33548</b>	<input type="checkbox"/> Delete	TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>Address remains the same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>ALUISY, RAQUEL</b> <b>1911 LAKE PLATT LANE</b> <b>TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Treasurer</b> <b>Avril Stern</b> <b>3132 Sandspur Dr.</b> <b>Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DIFABBIO, MICHAEL</b> <b>1911 LAKE PLATT LANE</b> <b>TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINTHROP, JULIE</b> <b>505 OAKWOOD BLVD.</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice-President</b> <b>Address remains the same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALVOORD, KATHY</b> <b>11229 SHADYBROOK DR</b> <b>TAMPA, FL 33625</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARUCA, MARY JO</b> <b>14057 CITRUS POINT DR.</b> <b>TAMPA, FL 33625</b>	<input type="checkbox"/> Delete	<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: <u>Sharon A. Espinola</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Sharon A. Espinola 1/6/08</u> <u>813-228-1580</u> <small>Date Daytime Phone #</small>	