

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005292

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: ST. FRANCIS SOCIETY, INC.

## Current Principal Place of Business:

504 SHADOW GROVE CT  
LUTZ, FL 33548 US

## New Principal Place of Business:

## Current Mailing Address:

504 SHADOW GROVE CT  
LUTZ, FL 33548 US

## New Mailing Address:

P.O. BOX 261614  
TAMPA, FL 33685 US

FEI Number: 59-3469332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPRING, WILLIAM A CPA  
8903 REGENTS PARK DRIVE  
SUITE 110  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESPINOLA, SHARON  
Address: 504 SHADOW GROVE COURT  
City-St-Zip: LUTZ, FL 33548

Title: V ( ) Delete  
Name: STERN, AVRIL  
Address: 3132 SANDSPUR DR.  
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete  
Name: WINTHROP, JULIE  
Address: 505 OAKWOOD BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: WALVOORD, KATHY  
Address: 11229 SHADYBROOK DR  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: MARUCA, MARY JO  
Address: 14057 CITRUS POINT DR.  
City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RULE, DEBBIE  
Address: 13507 COLORADO PLACE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Change (X) Addition  
Name: MARTINELLI, JIM  
Address: 8507 NORTHTON GROVES BLVD.  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. ESPINOLA

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date