


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005804

1. Entity Name
ST. FRANCIS CENTER FOR RESTORATION, INC.



Principal Place of Business Mailing Address

2010 OAK STREET 2010 OAK STREET
 MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
56-3603137 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, SANDRA
521 W RIVER OAKS DR
INDIALANTIC, FL 32903

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRYAN, SANDRA M 521 W RIVER OAKS DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, RENE B 5635 S HWY A1A # 401 MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, SHARON F 333 SEABREEZE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BRUCKART, ROBERT M 2327 ST. ANDREWS CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, PHYLLIS 220 GLENGARY AVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000256684
 03/09/05-80022-021 61.25

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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: Sandra M Bryan Date: Feb 21, 05 Daytime Phone #: 321-724-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR