



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 050 ****61.25

DOCUMENT # N99000005804					
1. Entity Name ST. FRANCIS CENTER FOR RESTORATION, INC.					
Principal Place of Business 2010 OAK STREET MELBOURNE BEACH, FL 32951			Mailing Address 2010 OAK STREET MELBOURNE BEACH, FL 32951		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BRYAN, SANDRA 521 W RIVER OAKS DR INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name <u>DONALD B. JONES</u> Street Address (P.O. Box Number is Not Acceptable) <u>333 SEABREEZE DRIVE</u> City <u>INDIALANTIC</u> FL Zip Code <u>32903</u>	
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>Donald B. Jones - Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/3/2008</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN, SANDRA M		NAME	EVANS, PAT	
STREET ADDRESS	521 W RIVER OAKS DR		STREET ADDRESS	286 COASTAL HILL DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	SATELLITE BEACH, FL 32957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, RENE B		NAME		
STREET ADDRESS	5635 S HWY A1A # 401		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHARON F		NAME		
STREET ADDRESS	333 SEABREEZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCKART, ROBERT M		NAME		
STREET ADDRESS	2327 ST. ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, PHYLLIS		NAME	NANCY CARTELLI, M.D.	
STREET ADDRESS	220 GLENGARY AVE		STREET ADDRESS	4668 ALAMANDA DR.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	BM	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RALPH		NAME		
STREET ADDRESS	1286 COASTAL HILL DR		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
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 Jones</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>SHARON JONES</u>		DATE <u>4-3-08</u> Daytime Phone # <u>321.952.5482</u>	