

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005804

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

2010 OAK STREET
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

2010 OAK STREET
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 56-3603137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONESS, DONALD B
333 SEABREEZE DRIVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

JONES, DONALD B
333 SEABREEZE DRIVE
INDIALANTIC, FL 32903 US

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: DONALD B. JONES

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: EVANS, CAT
Address: 286 COASTAL HLL DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: KOENIG, RENE B
Address: 5635 S HWY A1A # 401
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: JONES, SHARON F
Address: 333 SEABREEZE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: PD () Delete
Name: BRUCKART, ROBERT M
Address: 2327 ST. ANDREWS CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: LONG, PHYLLIS
Address: 220 GLENGARY AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: EVANS, RALPH
Address: 286 COASTAL HILL DR
City-St-Zip: SATELLITE BEACH, FL 32937

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: LONG, PHYLLIS
Address: 220 GLENGARY AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

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

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 F. JONES

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date