

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005804

FILED
Mar 09, 2011
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:

JONES, DONALD B
333 SEABREEZE DRIVE
INDIALANTIC, FL 32903 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: D
Name: EVANS, PATRICIA
Address: 286 COASTAL HLL DR.
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: SD
Name: KOENIG, RENE B
Address: 5635 S HWY A1A # 401
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D
Name: JONES, SHARON F DR.
Address: 333 SEABREEZE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

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

Title: D
Name: SMOELL, GEORGE
Address: 2413 BOCA WAY PL.
City-St-Zip: MELBOURNE, FL 32904 US

Title: D
Name: NANCY, CARTELLI DR.
Address: 4668 ALAMANPA DR.
City-St-Zip: MELBOURNE, FL 32940 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON F. JONES

D

03/09/2011

Electronic Signature of Signing Officer or Director

Date