

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711656

**Entity Name:** SISTERS OF ST. JOSEPH, INC.**Current Principal Place of Business:**241 ST GEORGE STREET  
ST AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 3506  
ST AUGUSTINE, FL 32085**FEI Number:** 59-6016039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUCKER, CAROLYN  
241 ST GEORGE ST  
ST AUGUSTINE, FL 32084 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	STOECKER, JANE
Address	P.O. BOX 3506
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	VD
Name	BRYAN, FLORENCE
Address	1009 ALFORD DRIVE
City-State-Zip:	ORLANDO FL 32810

Title	S
Name	WORLEY, ELIZABETH
Address	3665 S MIAMI AVENUE
City-State-Zip:	MIAMI FL 33133

Title	T
Name	TUCKER, CAROLYN
Address	P.O. BOX 3506
City-State-Zip:	SAINT AUGUSTINE FL 32085

Title	D
Name	GIBSON, JOYCE
Address	P.O. BOX 3506
City-State-Zip:	ST AUGUSTINE FL 32085

*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:** JOYCE GIBSON**DIRECTOR****01/22/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date