

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00667

Entity Name: THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL, INC.**Current Principal Place of Business:**5151 NORTH NINTH AVE.
PENSACOLA, FL 32504**Current Mailing Address:**5151 NORTH NINTH AVE.
PENSACOLA, FL 32504**FEI Number: 59-2356341****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EMMAUEL, KAREN O
5151 N 9TH AVE
PENSACOLA, FL 32504 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	P
Name	KNOWLES, HAROLD
Address	2120 VARIAN COURT
City-State-Zip:	PENSACOLA FL 32504
Title	RECORDING SECRETARY
Name	HIRSCHORN, BRENDA
Address	10067 HUNTSMAN PATH
City-State-Zip:	PENSACOLA FL 32514
Title	PE
Name	DEWINE, JAMES
Address	1200 FT. PICKENS ROAD #1A
City-State-Zip:	PENSACOLA BEACH FL 32561

Title	TD
Name	SHEARER, GERRY
Address	5437 DYNASTY DRIVE
City-State-Zip:	PENSACOLA FL 32504
Title	S
Name	DAVIS, LOUISE
Address	3631 OVERLAND DR
City-State-Zip:	PENSACOLA FL 32504
Title	AT
Name	BYRD, MINNIE
Address	2550 NORTH 15TH AVENUE
City-State-Zip:	PENSACOLA FL 32503

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: GERRY SHEARER**DIRECTOR/TREASURER****04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date