

**2021 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: No**

**Name and Address of Current Registered Agent:**

BECKHAM, SHERYL  
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: SHERYL BECKHAM**

**02/04/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name KNOWLES, HAROLD  
Address 2120 VARIAN COURT  
City-State-Zip: PENSACOLA FL 32504

Title TREASURER  
Name ALDRIDGE, WATSON  
Address 508 DERRY DR  
City-State-Zip: CANTONMENT FL 32533

Title RECORDING SECRETARY  
Name HIRSCHORN, BRENDA  
Address 10067 HUNTSMAN PATH  
City-State-Zip: PENSACOLA FL 32514

Title PRESIDENT  
Name COOK, ROSEMARY  
Address 3601 CHAFFIN ST  
City-State-Zip: PENSACOLA FL 32504

Title VP  
Name SMITH, MARY  
Address 2684 TINOSA LANE  
City-State-Zip: PENSACOLA FL 32526

Title EX-OFFICIO DIRECTOR  
Name COLE, LAURA  
Address 5151 N. 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title GUILD GIFT SHOP MANAGER  
Name BECKHAM, SHERYL  
Address 5151 NORTH NINTH AVE.  
City-State-Zip: PENSACOLA FL 32504

*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: SHERYL BECKHAM**

**MANAGER**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date