

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

DOCUMENT# N04000003141

**Entity Name:** ST. ANN PLACE FOUNDATION, INC.

**Current Principal Place of Business:**

1655 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 4297  
WEST PALM BEACH, FL 33402

**FEI Number: 51-0503043**

**Certificate of Status Desired: No**

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

CHOPIN, L. FRANK  
1655 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33401 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 MURTAGH, FATHER SEAMUS  
Address 2107 N DIXIE HWY  
City-State-Zip: WEST PALM BEACH FL 33407

Title VD  
Name HUDON, SISTER MARY OLIVER, SSND  
Address 310 N OLIVE AVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title TD  
Name SMITH, LESLY  
Address 300 CHAPEL HILL RD  
City-State-Zip: PALM BEACH FL 33480

Title SD  
Name CHOPIN, L. FRANK ESQ  
Address P.O. BOX 4297  
City-State-Zip: WEST PALM BEACH FL 33402

*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: L. FRANK CHOPIN**

**DIRECTOR**

**03/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date