

2019 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 6962 BRIAR LAKE CIRCLE
APT. 201
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VD
Name HUDON, SISTER MARY OLIVER, SSND
Address 452 DATE PALM DRIVE
City-State-Zip: LAKE PARK FL 33403

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

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

Title DIRECTOR
Name HICKOX-MOORE, DANIELLE
Address 277 PENDLETON AVENUE
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name CAULFIELD, OP, SR. MARY ANN
Address 2896 TENNIS CLUB DRIVE
APT. 201
City-State-Zip: WEST PALM BEACH FL 33417

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

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date