

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003904

Entity Name: MOTHER FRANCES DE SALES AUXILIARY TO THE HOMELESS, INC.**Current Principal Place of Business:**2540 HALF MOON WALK
NAPLES, FL 34102**Current Mailing Address:**2540 HALF MOON WALK
NAPLES, FL 34102**FEI Number:** 45-2259250**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOXHOVEN, REBECCA
2540 HALF MOON WALK
NAPLES, FL 34102 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 MRS.
Name BARTON, RHODORA D
Address 7 THE TRILLIUM
City-State-Zip: PITTSBURGH PA 15238

Title MRS
Name HOWARD, AMY BETH
Address 5088 POST OAK LANE
City-State-Zip: NAPLES FL 34105

Title MRS.
Name HUSSEY, JOANNE
Address 2585 TARPON ROAD
City-State-Zip: NAPLES FL 34102

Title MS.
Name OTTERBECK, SUZANNE
Address 2601 HALF MOON WALK
City-State-Zip: NAPLES FL 34102

Title MRS.
Name FOXHOVEN, REBECCA D
Address 2540 HALF MOON WALK
City-State-Zip: NAPLES FL 34102

Title MRS.
Name MINKER, MAUREEN
Address 1525 BONITA LANE
City-State-Zip: NAPLES FL 34102

Title MRS.
Name FERRAO, TINA M
Address 800 SPYGLASS LANE
City-State-Zip: NAPLES FL 34102

Title MRS.
Name DONAHUE, RHODORA
Address 100 BAY ROAD
City-State-Zip: NAPLES FL 34102

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: REBECCA D. FOXHOVEN**OFFICER****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date