2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724144

Entity Name: THE ARC OF THE ST. JOHNS, INC.

FILED Jan 13, 2004 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
2101 ARC ST. AUGU	DRIVE ISTINE, FL 32095 US	
Current M	lailing Address:	New Mailing Address:
2101 ARC ST. AUGU	DRIVE ISTINE, FL 32095 US	
FEI Number	: 23-7201838 FEI Number Applied For() F	El Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
2101 ARC	I, KATHY P. DR STINE, FL 32095 US	
	e named entity submits this statement for the purpe of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	SD () Delete MARONEL, DOT 212 CABEZA ST ST. AUGUSTINE, FL 32084	Title: D (X) Change () Addition Name: MARONEL, DOT Address: 212 CABEZA ST City-St-Zip: ST. AUGUSTINE, FL 32084
Title: Name: Address: City-St-Zip:	TD () Delete EDMISTON, M. GREER 17 CORDOVA ST ST. AUGUSTINE, FL 32084	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete YOUNG, WILLIAM G 8 SEMINOLE DRIVE SAINT AUGUSTINE, FL 32084	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PD () Delete THOMPSON, PAUL P.O. BOX 70 SAINT AUGUSTINE, FL 32085	Title: D (X) Change () Addition Name: THOMPSON, PAUL Address: P.O. BOX 70 City-St-Zip: SAINT AUGUSTINE, FL 32085
Title: Name: Address: City-St-Zip:	D () Delete DAVIS, MIKE PO BOX 3380 ST. AUGUSTINE, FL 32085	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete LANGDON, JACK 1093 A1A BEACH BLVD. #365 ST. AUGUSTINE, FL 32080	Title: PD (X) Change () Addition Name: LANGDON, JACK Address: 1093 A1A BEACH BLVD. #365 City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: M. GREER EDMISTON TD 01/13/2004