

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06355

FILED
Jan 16, 2009
Secretary of State

Entity Name: ST. AUGUSTINE SOCIETY, INC.

Current Principal Place of Business:

70 WASHINGTON ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1775
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2475614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBERLING, ROBERT A
1797 OLD MOULTRIE ROAD
SUITE 107
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLEVINS, TROY
Address: 112 DRAKE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: CUNNINGHAM, JOHN
Address: 70 WASHINGTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: CARLIN, ANN
Address: 280 JOHNS GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: GORSKI, DIANE
Address: 813 MARIAM ELIAS WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ED () Delete
Name: MORRIS, RENEE'
Address: 825 ALHAMBRA AVENUE
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BENOIT, JON
Address: 70 WASHINGTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T (X) Change () Addition
Name: BAKER, LINDA
Address: 70 WASHINGTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: REGAN, JOHN
Address: 70 WASHINGTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RENEE' MORRIS

ED

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date