2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State
07-17-2001 90004 003 ****61.25

0007355

DOCUMENT # N97000003786

1. Entity Name

ST. AUGUSTINE/KETTERLINUS HIGH SCHOOL ALUMNI ASS

Principal Place of Business	Mailing Address
100 ARRICOLA AVENUE ST. AUGUSTINE FL	100 ARRICOLA AVENUE ST. AUGUSTINE FL

(LA)

A0077649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
104 Jackson Blvd	PMB 237
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3501-B No. Ponce deLeon
City & State: St Augustine	City & State: St Augustine
Zip: 32095 / Country: St Johns	Zip: 32084 / Country: St Johns

4. FEI Number 59-3458453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLES, JOSEPH L JR 120 CHARLOTTE STREET ST. AUGUSTINE FL 32084	Name: BRADLEY K. DAVIS Street Address (P.O. Box Number is Not Acceptable): 34 BAY VIEW DRIVE City: ST. AUGUSTINE FL Zip Code: 32084

8. 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: Bradley K. Davis BRADLEY K. DAVIS 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOLES, JOSEPH L JR 401 ARREDONDO AVENUE ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DONALD T. DUNHAM 1476 MALLARD LANDING BLVD FRUIT COVE, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, BRADLEY K 34 BAY VIEW DRIVE ST. AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRIFFEY, KEON R 104 JACKSON ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRIFFEY, EDNA R. 104 JACKSON ST. AUGUSTINE, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, JARRIEL M 100 NESMITH STREET ST. AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jarriel Rose M 100 Nesmith St St Augustine, Fl 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, SUZANNE 40 E PARK AVE ST AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONCE, LOLA 27 SYLVAN DR ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PONCE, LOLA 27 SYLVAN DRIVE ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Feb 12, 01 (W) 904 825-0535