2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90262 030 ****61.25

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1. Entity Name
ST. AUGUSTINE/KETTERLINUS HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
104 JACKSON BLVD SAINT AUGUSTINE, FL 32095	PMB 237 3501-B N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32087

03282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9 EAST LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State
Zip: 32084 Country: UNITED STATES	Zip Country

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
O'CONNELL, CPA, W. H. 2200 N. PONCE DE LEON BLVD. #10 SAINT AUGUSTINE, FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DUNHAM, DONALD T 147 E MALLARD LANDING BLVD JACKSONVILLE, FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MIGNON, TAMI 56 ANASTASIA LAKES DR ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRIFFEY, EDNA R 104 JACKSON ST AUGUSTINE, FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHONDER, CHERYL 3777 OLD LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JARRIEL, ROSE M 100 NESMITH STREET SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARRIEL, ROSE M. 100 NESMITH STREET ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PONCE, LOLA 27 SYLVAN DR SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PONCE, LOLA 27 SYLVAN DRIVE ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICKLER, MARTHA 30 SPANISH STREET SAINT AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FACEMIRE-HOOPER, CAROL 9 EAST LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ARNETT, GLENN 3260 KING AVENUE ST. AUGUSTINE, FL 32086	☐ Change ☒ Addition

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: Lola H Ponce Lola H. Ponce 4/26/04 904 820-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #