

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000896	
1. Entity Name ST. GEORGE'S CENTER, INC.	

Principal Place of Business 21 WEST 22ND STREET RIVIERA BEACH FL 33404	Mailing Address PO BOX 10584 RIVIERA BEACH FL 33419
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0893108 ☐ Applied For
Not Applicable

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

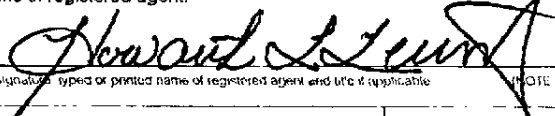
6. Name and Address of Current Registered Agent

LEWIS, HOWARTH L REV
21 WEST 22ND STREET
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

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  **02/05/06**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating.) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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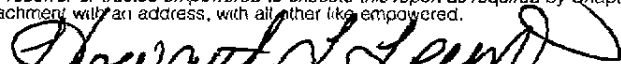
10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HULL, ROBERT	
STREET ADDRESS	318 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ Delete
NAME	ACEVEDO, SHEILA	
STREET ADDRESS	3205-A GARDENS EAST DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	☐ Delete
NAME	FLOWERS, JACK	
STREET ADDRESS	7048 GOULEON COVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ Delete
NAME	SCHMIETT, SALLY	
STREET ADDRESS	423 FERN STREET, #220	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	☐ Delete
NAME	LEWIS, HOWARTH L REV.	
STREET ADDRESS	21 W. 22ND STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **02/05/06** **AL-341-771**