

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705239

FILED
Mar 30, 2010
Secretary of State

Entity Name: ST ALBANS INC OF AUBURNDALE FLORIDA

Current Principal Place of Business:

202 PONTOTOC PLAZA
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1125
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-1891538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, BILL
1592 AUBURN OAKS COURT
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

DESROCHERS, CHRISTOPHER A
2504 AVE G NW
WINTER HAVEN, FL 33880 US

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: CHRISTOPHER DESROCHERS

03/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DESROCHERS, CHRISTOPHER A
Address: 2504 AVE G NW
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D
Name: MANN, JOAN F
Address: 202 PONTOTOC PLAZA
City-St-Zip: AUBURNDALE, FL 33823

Title: DV
Name: KLEIN, REESE JR
Address: 202 PONTOTOC PLAZA
City-St-Zip: AUBURNDALE, FL 33823 US

Title: DS
Name: DRYDEN, JO ANN
Address: 202 PONTOTOC PLAZA
City-St-Zip: AUBURNDALE, FL 33823 US

Title: D
Name: NELSON, TRACY
Address: 202 PONTOTOC PLAZA
City-St-Zip: AUBURNDALE, FL 33823 US

Title: D
Name: SILVEY, BILL
Address: 202 PONTOTOC PLAZA
City-St-Zip: AUBURNDALE, FL 33823 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER DESROCHERS

DP

03/30/2010

Electronic Signature of Signing Officer or Director

Date