

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718106

FILED
Jan 18, 2009
Secretary of State

Entity Name: WOMAN'S EXCHANGE OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

143 ST. GEORGE STREET
ST. AUGUSTINE, FL 320843642

New Principal Place of Business:

Current Mailing Address:

143 ST. GEORGE STREET
ST. AUGUSTINE, FL 320843642

New Mailing Address:

FEI Number: 59-0638510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LINDA
157 MARINE STREET
#208
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: SD () Delete
Name: WEEKS, JUANNE
Address: 91 ST AUGUSTINE BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD () Delete
Name: THOMPSON, LINDA
Address: 157 MARINE ST., #208
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD () Delete
Name: BATOVSKY, SUZANNE
Address: 2260 COMMODORES CLUB BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD () Delete
Name: CONZEMIUS, CHRIS
Address: 365 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPD () Delete
Name: RUSSO, ROSALIE
Address: 348 CHARLOTTE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: WILES, DORIS
Address: 405 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SUZANNE BATOVSKY

TD

01/18/2009

Electronic Signature of Signing Officer or Director

Date