

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90345 009 \*\*\*\*61.25

**DOCUMENT # 718738**

1. Entity Name

**ALTRUSA CLUB OF ST. AUGUSTINE, INC.**



Principal Place of Business

31 ST. FRANCIS STREET  
P.O. BOX 3372  
ST. AUGUSTINE FL 32084

Mailing Address

31 ST. FRANCIS STREET  
P.O. BOX 3372  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6150976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~L'ENGLE SEARS, MARY~~  
~~714 SAGO COURT~~  
~~ST. AUGUSTINE FL 32088~~

7. Name and Address of New Registered Agent

Name

**Janet Gandara**

Street Address (P.O. Box Number is Not Acceptable)

**2437 S. Ponte Vedra Blvd**

City

**S. Ponte Vedra Beach**

FL

Zip Code

**32082**

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

**Janet Gandara**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Janet Gandara**

DATE

**July 10, 2003**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **PLANT, CHRISTINA**  
CITY-ST-ZIP **386 CASUARINA CIRCLE**  
**SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete  
NAME **DPE**  
STREET ADDRESS **MARY PAUL**  
CITY-ST-ZIP **6665 BROWN RD**  
**SAINT AUGUSTINE FL 32095**

TITLE ☐ Delete  
NAME **MOORE, MICHELLE**  
STREET ADDRESS **2919 N 2ND STREET**  
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☒ Delete  
NAME **BOWMAN, LOUISE A**  
STREET ADDRESS **180 SO ONEIDES ST**  
CITY-ST-ZIP **ST.AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **Director**  
STREET ADDRESS **Ellen Moore**  
CITY-ST-ZIP **223 Hawthorne Rd.**  
**St. Augustine, FL 32086**

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 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:

**Christina Plant**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/03**

**904-824-6575**

Daytime Phone #

CR2E037 (4/03)