

RECEIVED JAN 17 2006

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)****FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90028 037 \*\*\*\*70.00

**DOCUMENT # 724144**

1. Entity Name

THE ARC OF THE ST. JOHNS, INC.



Principal Place of Business

2101 ARC DRIVE  
ST. AUGUSTINE FL 32095  
US

Mailing Address

2101 ARC DRIVE  
ST. AUGUSTINE FL 32095  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

23-7201838

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

JACKSON, KATHY P.  
2101 ARC DR  
ST AUGUSTINE FL 32095

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

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARONEL, DOT	
STREET ADDRESS	212 CABEZA ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, XXXX DONNA	
STREET ADDRESS	PO Box 1027	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, BRAD	
STREET ADDRESS	34 BAYVIEW DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUYLER, JUDY	
STREET ADDRESS	7 INLET PLACE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KOTRADY-HATIN, JODU	
STREET ADDRESS	202 B STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTRADY-HATIN, JODY	
STREET ADDRESS	27 SEA OATS DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, PAUL	
STREET ADDRESS	P.O. BOX 70	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MIKE	
STREET ADDRESS	PO BOX 3380	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGDON, JACK	
STREET ADDRESS	1093 A1A BEACH BLVD. #365	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

KATHY P. JACKSON

01/31/06 (904) 824-7240