2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724144

FILED Jan 12, 2009 Secretary of State

Entity Name: THE ARC OF THE ST. JOHNS, INC.

Current Principal Place of Business: New Principal Place of Business: 2101 ARC DRIVE ST. AUGUSTINE, FL 32095 LIS **Current Mailing Address: New Mailing Address:** 2101 ARC DRIVE ST. AUGUSTINE, FL 32095 US FEI Number: 23-7201838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, KATHY P. JACKSON, KATHRYN P 2101 ARC DR 2101 ARC DR ST AUGUSTINE, FL 32095 ST AUGUSTINE, FL 32095 US 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: KATHRYN P. JACKSON 01/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WEBB, DONNA Name: Name: P.O. BOX 1027 Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32085 City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: DAVIS, BRAD Name: Address: 34 BAYVIEW DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition KOTRADY-HATIN, JODY Name: Name: 27 SEA OATS DR Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: () Delete Title: SD Title: () Change () Addition SCHUYLER, JUDY Name: Name: Address: 7 INLET PLACE Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: () Change () Addition DAY, CHARLES Name: Name: 136 OCEAN'S EDOLE DR Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change (X) Addition JACKSON, KATHRYN P Name: Name: Address: Address: 2101 ARC DRIVE ST. AUGUSTINE, FL 32084 City-St-Zip: 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: KATHRYN P. JACKSON D 01/12/2009