2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735039

FILED May 03, 2007 Secretary of State

Entity Name: ST. JOHNS COUNTY WELFARE FEDERATION

Current Principal Place of Business: New Principal Place of Business: 161 MARINE STREET ST AUGUSTINE, FL 32084 US **Current Mailing Address: New Mailing Address:** 161 MARINE STREET ST AUGUSTINE, FL 32084 US FEI Number: 59-0737904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAKE, LARRY B DR. 161 MARINE ST ST. AUGUSTINE, FL 32084 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MARK BAILEY, Name: BAILEY, MARK Name: 1200 PLANTATION ISLAND DR. Address: 1200 PLANTATION ISLAND DR. Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080 Title: STD () Delete Title: () Change () Addition ABARE, WILLIAM Name: Name: Address: 311 ARPIEKA AVE Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: (X) Change () Addition MEEKS, JEROD, MEEKS, JEROD Name: Name: Address: 3865 HICKORY LANE Address: 3865 HICKORY LANE City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: () Delete Title: (X) Change () Addition Name: O'NEAL CARLTON, Name: O'NEAL, CARLTON Address: 50 ARENTA ST Address: 50 ARENTA ST City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: (X) Change () Addition BOLES JR, JOSEPH BOLES, JR, JOSEPH Name: Name: 19 RIBERIA ST 19 RIBERIA ST. Address: Address: ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084 Title: () Delete Title: () Change () Addition EDDINS, HEIDI Name: Name: Address: 1 MALAGA ST. Address: SAINT 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: MARK BAILEY P 05/03/2007