

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 022 ****70.00

DOCUMENT # 735039

1. Entity Name
ST. JOHNS COUNTY WELFARE FEDERATION



Principal Place of Business
**161 MARINE STREET
ST AUGUSTINE, FL 32084 US**

Mailing Address
**161 MARINE STREET
ST AUGUSTINE, FL 32084 US**

40027133



DO NOT WRITE IN THIS SPACE

02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0737904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAKE, LARRY B DR.
161 MARINE ST.
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILEY, MARK
STREET ADDRESS 1200 PLANTATION ISLAND DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE STD
NAME ABARE, WILLIAM
STREET ADDRESS 311 ARPIEKA AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D
NAME MEEKS, JEROD
STREET ADDRESS 3865 HICKORY LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE D
NAME O'NEAL, CARLTON
STREET ADDRESS 50 ARENTA ST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE VD
NAME BOLES, JR, JOSEPH
STREET ADDRESS 19 RIBERIA ST.
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE D
NAME EDDINS, HEIDI
STREET ADDRESS 1 MALAGA ST.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #