

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735039

FILED
Apr 21, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTY WELFARE FEDERATION

Current Principal Place of Business:

161 MARINE STREET
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

161 MARINE STREET
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-0737904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BAILEY, MARK
Address: 1200 PLANTATION ISLAND DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD () Delete
Name: ABARE, WILLIAM
Address: 311 ARPIEKA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: MEEKS, JEROD
Address: 3865 HICKORY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: O'NEAL, CARLTON
Address: 50 ARENTA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: BOLES, JR, JOSEPH
Address: 19 RIBERIA ST.
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Delete
Name: EDDINS, HEIDI
Address: 1 MALAGA ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOLES, JR, JOSEPH
Address: 19 RIBERIA ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: EDDINS, HEIDI
Address: 1 MALAGA ST.
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
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: LARRY B LAKE

CEO

04/21/2009

Electronic Signature of Signing Officer or Director

Date