2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# 735039

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:

P.O. BOX 2227
ST AUGUSTINE, FL 320852227

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
Name: BAILEY, MARK
Address: 1200 PLANTATION ISLAND DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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

Title: D
Name: EDDINS, HEIDI
Address: 1 MALAGA ST.
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: LARRY B LAKE EXEC 03/07/2011

Electronic Signature of Signing Officer or Director Date