2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737365

FILED May 01, 2009 Secretary of State

Entity Name: ST. AUGUSTINE LIONS CLUB HOLDING COMPANY, INC.

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

860 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

P.O. BOX 860240 SAINT AUGUSTINE, FL 32086

FEI Number: 59-2312258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

MERCURIO, DOMINIC 2109 MARSH HEN CT. SAINT 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MEARES, WILLIAM MOORE, ART Name: Name: Address: 6412 PUTNAM ST. Address: 262 ST. GEORGE STREET

City-St-Zip: SAINT AUGUSTINE, FL 3208 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: Title: (X) Change () Addition () Delete MERCURIO, DOMINIC CARMINES, ROBERT Name: Name: Address: 21069 MARSH HEN CT Address: 168 MARINE STREET

City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SVP () Delete Title: SVP (X) Change () Addition MOORE, ART Name: KERSHNER, ROBERT Name:

262 ST. GEORGE ST Address: Address: 611 AUGUSTA CIRCLE City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete Title: (X) Change () Addition

Name: MEARES, GAIL Name: MEARES, GALE 6412 PUTNAM ST. Address: 6412 PUTNAM ST. Address:

SAINT AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip: SAINT AUGUSTINE, FL 32080

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: ART MOORE Ρ 05/01/2009