## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#740960** 

FILED Feb 11, 2004 Secretary of State

Entity Name: JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.

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

109 FERROL ROAD 209 SEA TURTLE WAY

ST. AUGUSTINE, FL 32092 US ST. AUGUSTINE, FL 32084 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3925

ST. AUGUSTINE, FL 32085

FEI Number: 59-1817881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIEFKER, SCHUYLER 704 ALDEN WAY

ST. AUGUSTINE, FL 32086 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: CARSON, DIANE Name: SLAVEN, KRISTA

Address: 48 OSCEOLA ST Address: 23 FRANCISCAN WAY

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

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

Name: O'CONNELL, KIMBERLY Name: JARDINE, MARY

Address: 1091 MINDELLO AVE Address: 616 OLD BEACH RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32080

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

Name:HALL, DEBRAName:RIDEMAN, DEBRAAddress:304 CAMBRIDGE CTAddress:209 SEA TURTLE WAYCity-St-Zip:SAINT AUGUSTINE, FL 32086City-St-Zip:SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA RIDEMAN D 02/11/2004