

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740960

FILED
Apr 25, 2006
Secretary of State

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

Current Principal Place of Business:

2 SEA PARK DR
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

3553 RED CLOUD TRAIL
SAINT AUGUSTINE, FL 32086 US

Current Mailing Address:

P.O. BOX 3925
ST. AUGUSTINE, FL 32085

New Mailing Address:

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

Name and Address of Current Registered Agent:

SIEFKER, SCHUYLER
704 ALDEN WAY
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

JUNIOR WOMEN'S CLUB OF ST. AUGUSTINE, INC
3553 RED CLOUD TRAIL
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: CHARITY S. WELU

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLAVEN, KRISTA
Address: 23 FRANCISCAN WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: ATKINSON, MARY
Address: 616 OLD BEACH RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: RIDEMAN, DEBRA
Address: 209 SEA TURTLE WAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: WELL, CHARITY
Address: 2 SEAPARK DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATKINSON, MARY
Address: 45 OCEAN WOODS DRIVE EAST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD (X) Change () Addition
Name: BURCHFIELD, ROBIN
Address: 1 RIBERIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: FURLONG, MARIE
Address: 274 DARTMOUTH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T (X) Change () Addition
Name: WELL, CHARITY
Address: 3553 RED CLOUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARITY S. WELU

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04/25/2006

Electronic Signature of Signing Officer or Director

Date