

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| DOCUMENT # 740960 1. Entity Name JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC. | |
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|---|---|
| Principal Place of Business 3553 RED CLOUD TRAIL SAINT AUGUSTINE, FL 32086 US | Mailing Address P.O. BOX 3925 ST. AUGUSTINE, FL 32085 |
|---|---|

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|---|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 3553 Red Cloud Trail Suite, Apt. #, etc. |
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|-----------------------------------|-----------------------------|
| City & State St Aug, FL | 4. FEI Number 59-1817881 |
| Zip 32086 | Country USA |

10302007 REIN-NP CR2E099 (1/07)

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Applied For | Not Applicable |

6. Name and Address of Current Registered Agent

JUNIOR WOMEN'S CLUB OF ST. AUGUSTINE, INC
 3553 RED CLOUD TRAIL
 ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name **Charity Well**
 Street Address (P.O. Box Number is Not Acceptable)
3553 Red Cloud Trail
 City **St. Augustine** FL Zip Code **32086**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charity Well* **Treasurer** DATE **10/30/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|---|---|
| <p>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</p> | <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p> | <p>Make check payable to Florida Department of State</p> |
|--|---|---|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|---------------------------|---------------------------------|
| TITLE | PD ATKINSON, MARY | <input type="checkbox"/> |
| STREET ADDRESS | 45 OCEAN WOODS DRIVE EAST | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 | |
| TITLE | VD BURCHFIELD, ROBIN | <input type="checkbox"/> |
| STREET ADDRESS | 1 RIBERIA STREET | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32084 | |
| TITLE | S FURLONG, MARIE | <input type="checkbox"/> |
| STREET ADDRESS | 274 DARTMOUTH ROAD | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32086 | |
| TITLE | T WELL, CHARITY | <input type="checkbox"/> |
| STREET ADDRESS | 3553 RED CLOUD TRAIL | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32086 | |
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|---|
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 10/16/07 01065 006 61.25 | |
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charity Well* **Charity Well** DATE **10/30/07** PHONE # **904-814-2758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #