2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740960

FILED Mar 25, 2009 Secretary of State

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

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

3553 RED CLOUD TRAIL 2109 MARSH HEN COURT

SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

3553 RED CLOUD TRAIL 2109 MARSH HEN COURT

SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US

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:

WELU, CHARITY MERCURIO, TERESA
3553 RED CLOUD TRAIL 2109 MARSH HEN COURT

ST. AUGUSTINE, FL 32086 US 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: TERESA MERCURIO 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MERCURIO, TERESA
 Name:
 WRIGHTSMAN, AMY

 Address:
 2109 MARSH HEN CT
 Address:
 692 BAHIA DRIVE

City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086

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

 Name:
 BURCHFIELD, ROBIN
 Name:
 HOWARD, TARA

 Address:
 1 RIBERIA STREET
 Address:
 1 RIBERIA STREET

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

Title: S () Delete Title: () Change () Addition

 Name:
 FURLONG, MARIE
 Name:

 Address:
 274 DARTMOUTH ROAD
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:

Name:WELU, CHARITYName:MERCURIO, TERESAAddress:3553 RED CLOUD TRAILAddress:2109 MARSH HEN COURTCity-St-Zip:SAINT AUGUSTINE, FL 32086City-St-Zip:SAINT AUGUSTINE, FL 32086

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: TERESA MERCURIO T 03/25/2009