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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10352 (8)

1. Corporation Name

THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, IN
C.

Principal Place of Business

Mailing Address

124 KING ST.
ST. AUGUSTINE FL 32084

52 GROVE AVENUE
ST AUGUSTINE FL 32084-3256

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

23-7177253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, MARY LOU
52 GROVE AVE.
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE
NAME HARTLEY, MARY LOU
STREET ADDRESS 52 GROVE AVE.
CITY - ST - ZIP ST. AUGUSTINE FL 32084

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME USINA, SOPHIE
STREET ADDRESS 320 INDIAN BEND RD
CITY - ST - ZIP ST. AUGUSTINE FL 32095

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME EMERY, MARY ANNE
STREET ADDRESS 46 MAGNOLIA DR.
CITY - ST - ZIP ST. AUGUSTINE FL 32084

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME WEBB, JEAN
STREET ADDRESS 248 ESTRADA AVE.
CITY - ST - ZIP ST. AUGUSTINE FL 32095

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME WEBB, MARY PAT
STREET ADDRESS 248 ESTRADA AVE.
CITY - ST - ZIP ST. AUGUSTINE FL 32095

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME PRINGLE, VERA
STREET ADDRESS 8400 U.S. 1 SOUTH
CITY - ST - ZIP ST. AUGUSTINE FL 32086

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY LOU HARTLEY

5/1/97

904-824-6630

CR2E037 (9/96)