

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90249 026 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10352

1. Corporation Name

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

Principal Place of Business

124 KING ST.
ST. AUGUSTINE FL 32084

Mailing Address

52 GROVE AVENUE
ST AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/01/1992

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PCT ☐ DELETE

NAME HARTLEY, MARY LOU

STREET ADDRESS 52 GROVE AVE.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ DELETE

NAME USINA, SOPHIE

STREET ADDRESS 320 INDIAN BEND RD

CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☒ DELETE

NAME EMERY, MARY ANNE

STREET ADDRESS 46 MAGNOLIA DR.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ DELETE

NAME WEBB, JEAN

STREET ADDRESS 248 ESTRADA AVE.

CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☐ DELETE

NAME WEBB, MARY PAT

STREET ADDRESS 248 ESTRADA AVE.

CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☐ DELETE

NAME PRINGLE, VERA

STREET ADDRESS 8400 U.S. 1 SOUTH

CITY-ST-ZIP ST. AUGUSTINE FL 32086

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Dorothy H. REYES
34 Hope St.
St. Augustine, FL 32084

14. I 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, with all other like empowered.

SIGNATURE:

Mary Lou Hartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99
Date

904-829-6630
Daytime Phone #

CR2E037 (11/98)