


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90994 022 ****61.25

DOCUMENT # C10352					
1. Entity Name THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7177253	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARTLEY, MARY LOU 52 GROVE AVE ST. AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u>Mary Lou Hartley</u> <i>Mary Lou Hartley</i> Said <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, MARY LOU		NAME	MARY BAKER	
STREET ADDRESS	52 GROVE AVE.		STREET ADDRESS	36 TREASURY STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEKS, EDELEEN		NAME	RUTH RYAN	
STREET ADDRESS	1072 SR 16		STREET ADDRESS	9 MENENDEZ RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, DOROTHY		NAME		
STREET ADDRESS	34 HOPE ST		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JEAN		NAME		
STREET ADDRESS	248 ESTRADA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MARY PAT		NAME		
STREET ADDRESS	248 ESTRADA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINGLE, VERA		NAME		
STREET ADDRESS	8400 E. 10TH AVE		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP		
12. 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 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: <u>Mary Lou Hartley</u> <i>Mary Lou Hartley</i> 04/22/04 904-879-6630 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)