


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # C10352	
1. Entity Name	
THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, INC.	

Principal Place of Business	Mailing Address
124 KING ST. ST. AUGUSTINE FL 32084	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



1st MOORE CR2E037 (10/04)

4. FEI Number	23-7177253	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	Ruth Ryan
STREET ADDRESS	52 GROVE AVE.	STREET ADDRESS	9 MENENDEZ ROAD
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	JEAN HOEY
STREET ADDRESS	1072 SR 16	STREET ADDRESS	45 VALENCIA STREET
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	CITY - ST - ZIP	St AUGUSTINE, FLA 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 checked="" 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARY	NAME	
STREET ADDRESS	36 TREASURY STREET	STREET ADDRESS	
CITY - ST - ZIP	SAINT 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: Mary Lou Hartley May 3, 2005 704-829-6630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #