-2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # C10352 1. Entity Name 03-27-2006 90258 038 ****61.25 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. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 23-7177253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTLEY, MARY LOU 52 GROVE AVE. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PCT TITLE Delete TITLE Change 🔀 Addition JEAN HOEY ST. HARTLEY, MARY LOU NAME NAME 52 GROVE AVE. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-7IP. CITY-ST-28P TITLE ☐ Delete TITLE Change **Addition** TREA. MEEKS, EDELEEN Ruth RYAN NAME NAME 9 MENENDEZ ROAD 1072 SR 16 STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP St. Augustine-Flo. TITLE ☐ Delete TITLE Change ☐ Addition REYES, DOROTHY NAME NAME 34 HOPE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZiP ST. AUGUSTINE FL 32084 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WEBB, JEAN NAME NAME STREET ADDRESS 248 ESTRADA AVE. STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE FL 32095 CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition WEBB, MARY PAT NAME NAME 248 ESTRADA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP ☐ Delete ☐ Change Addition BAKER, MARY NAME 36 TREASURY STREET STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

CITY-ST-7IP

SAINT AUGUSTINE FL 32084

MARILLAND HART/FU

FILED

904-879-6630