## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 05, 2007 8:00 am Secretary of State DOCUMENT # C10352 1. Entity Name 02-05-2007 90092 028 \*\*\*\*61.25 THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, Principal Place of Business Mailing Address 124 KING ST. 52 GROVE AVENUE ST. AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 23-7177253 Not Applicable Zip. — Country 7ip: -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 Street Address (P.O. Box Number is Not Acceptable) 52 GROVÉ AVE. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE PCT ☐ Delete TITLE Addition A NAMI HARTLEY, MARY LOU STREET ADDRESS STREET ADDRESS 52 GROVE AVE. CITY ST-ZIP CITY ST ZIP ST. AUGUSTINE FL 32084 Delete THEF ☐ Change Addition MEEKS, EDELEEN NAME STREET ADDRESS STREET ADDRESS 1072 SR 16 CHY ST ZIP CITY S1-7IP SAINT AUGUSTINE FL 32084 Change ☐ Addition TATLE ☐ Defete TITLE NAME NAME. REYES, DOROTHY STREET ADDRESS STREET ADDRESS 34 HOPE ST CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Defete □ Change ■ Addition TITLE D NAME NAME WEBB, JEAN STREET ADDRESS STREET ADDRESS 248 ESTRADA AVE. CITY-ST-ZIP CHY-S1-ZIP ST. AUGUSTINE FL 32095 ☐ Delete HILE ☐ Change ■ Addition TITLE D NAME HOEY, JEAN NAME STREET ADDRESS STREE1 ADDRESS 45 VALENCIA ST CITY-ST-ZIP CJTY - ST - ZIP SAINT AUGUSTINE FL 32084 ☐ Delele TITLE ☐ Addition TITLE NAME NAME BAKER, MARY STREET ADORESS STREET ADDRESS 36 TREASURY STREET CITY-SI-ZIP CHY-ST-ZIP SAINT AUGUSTINE FL 32084

FILED

SIGNATURE: Mary Son Wastley Mary Low HARHEY Jan 28, 3607 904. 839-4638

if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing 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 eath; 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