

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10352

FILED
Apr 19, 2009
Secretary of State

Entity Name: THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

124 KING ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

52 GROVE AVENUE
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 23-7177253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: HARTLEY, MARY LOU
Address: 52 GROVE AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: MEEKS, EDELEEN
Address: 1072 SR 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: EVANS, GERALDINE
Address: 2549 AIA SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: WEBB, JEAN
Address: 248 ESTRADA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: HOEY, JEAN
Address: 45 VALENCIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BAKER, MARY
Address: 36 TREASURY STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU HARTLEY

PCT

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date