2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006140

Address:

City-St-Zip:

1705 BENNETT RD

SAINT AUGUSTINE, FL 32092

FILED Apr 10, 2009 Secretary of State

Entity Name: ST. AUGUSTINE OFFICERS' CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 82 MARINE ST ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 82 MARINE ST ST AUGUSTINE, FL 32084 FEI Number: 03-0412325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, GREGORY A 8 SEAL ÓAKS DRIVE SAINT AUGUSTINE, FL 32080 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORE, GREGORY A LTC Name: Name: Address: 8 SEA OAKS DRIVE Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: Title: VD () Delete Title: () Change () Addition RALPH, JOHNS K Name: Name: Address: 4236 BRADFISCH LANE Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition PONCE, DONNA J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DONNA J PONCE ST 04/10/2009