

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90231 001 \*\*\*422.50

**DOCUMENT # N02000002107**

1. Entity Name  
**UNIVERSITY OF ST. AUGUSTINE FOR HEALTH  
SCIENCES ALUMNI ASSOCIATION, INC.**



Principal Place of Business  
**1 UNIVERSITY BLVD.  
ST. AUGUSTINE, FL 32086-5783**

Mailing Address  
**1 UNIVERSITY BLVD.  
ST. AUGUSTINE, FL 32086-5783**

**66014858**



01302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1186674**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HARTLEY, DIAN  
1 UNIVERSITY BLVD.  
SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**APD  
CHASE, LISA  
11 SEA OAKS DR  
SAINT AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BERSER, JESSICA  
3010 SW WOODLAND TEAL  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
FEARON, FRANK  
4840 MCCOY CIR  
CUMMING, GA 30040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Dian Hartley* **DIAN HARTLEY**

**4/27/06**

Date

Daytime Phone #

**AGENT**