2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002107

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

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

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01312007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
(Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	APD
NAME	CHASE, LISA
STREET ADDRESS	11 SEA OAKS DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	VPD
NAME	BERSER, JESSICA
STREET ADDRESS	3010 SW WOODLAND TEAL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DT
NAME	FEARON, FRANK
STREET ADDRESS	4840 MCCOY CIR
CITY-ST-ZIP	CUMMING, GA 30040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000629451
02/19/07-80001-016 61.25

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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: Lisa A Chase Lisa Chase 2/06/07 904-826-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #