

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002107

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

1 UNIVERSITY BLVD.
ST. AUGUSTINE, FL 320865783

New Principal Place of Business:

Current Mailing Address:

1 UNIVERSITY BLVD.
ST. AUGUSTINE, FL 320865783

New Mailing Address:

FEI Number: 65-1186674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTLEY, DIAN
1 UNIVERSITY BLVD.
SAINT AUGUSTINE, FL 32086 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: APD () Delete
Name: CHASE, LISA
Address: 11 SEA OAKS DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD () Delete
Name: BERSER, JESSICA
Address: 3010 SW WOODLAND TEAL
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: FEARON, FRANK
Address: 4840 MCCOY CIR
City-St-Zip: CUMMING, GA 30040

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:

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: LISA CHASE

APD

01/23/2009

Electronic Signature of Signing Officer or Director

Date