2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006310

FILED Apr 17, 2009 Secretary of State

Entity Name: ST. AUGUSTINE POLICE BENEVOLENT ORGANIZATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1950 151 KING STREET

ST AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

PO BOX 1950 151 KING STREET

ST AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32084

FEI Number: 30-0116387 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:

ETHERIDGE, MICHAEL
P.O. BOX 1950
151 KING ST
151 KING ST
151 KING ST

SAINT AUGUSTINE, FL 32084 US SAINT AUGUSTINE, FL 32084 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: 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: ETHERIDGE, MICHAEL Name: ETHERIDGE, MICHAEL Address: P O BOX 1950 Address: 151 KING STREET

City-St-Zip: SAINT AUGUSTINE, FL 32085 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete Title: VD (X) Change () Addition Name: SIMPSON, CHARLES Name: SIMPSON, CHARLES

 Address:
 P.O. BOX 1950
 Address:
 151 KING STREET

 City-St-Zip:
 ST AUGUSTINE, FL 32085
 City-St-Zip:
 ST AUGUSTINE, FL 32084

Title: TD () Delete Title: TD (X) Change () Addition

Name: CUTHBERT, ANTHONY Name: CUTHBERT, ANTHONY

Address: PO BOX 1950 Address: 151 KING STREET

City-St-Zip: ST AUGUSTINE, FL 32085 City-St-Zip: ST AUGUSTINE, FL 32084

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: ANTHONY CUTHBERT TD 04/17/2009