

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007334

FILED
Jan 11, 2009
Secretary of State

Entity Name: ST. AUGUSTINE BMX ASSOCIATION, INC.

Current Principal Place of Business:

2 LINDBERG LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

560 RUBA RD.
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 04-3720497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENTON, CHARLES F
2 LINDBERG LANE
PALM COAST, FL 32137 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: PD () Delete
Name: KENTON, FRANK
Address: 2 LINDBERG LN
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: CAPALLIA, GAIL
Address: 560 RUBA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete
Name: BOCKERS, MICHAEL
Address: 2931 USINA RD EXT LOT B
City-St-Zip: ST AGUGUSTINE, FL 32089

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: CHARLES F. KENTON

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date