

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002417

FILED
Jun 17, 2009
Secretary of State

Entity Name: THE FRIENDS OF WEST AUGUSTINE, INC.

Current Principal Place of Business:

10 N HOLMES BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

POB 553
S
SAINT AUGUSTINE, FL 32084

New Mailing Address:

POB 553
SAINT AUGUSTINE, FL 32084

FEI Number: 47-0904156 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROOMS, STEVE
936 ERVIN ST
ST AUGUSTINE, FL 32084 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: P () Delete
Name: CROOMS, STEVE
Address: 936 ERVIN ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V () Delete
Name: WHITE, GREG
Address: 905 W PEARL ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: ST () Delete
Name: BRINSON, WANDA
Address: 43 A LOUISIANA DR
City-St-Zip: PALM COAST, FL 321379706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BRINSON, WANDA
Address: 43 A LOUISIANA DR
City-St-Zip: PALM COAST, FL 32137

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: WANDA A. BRINSON

S/T

06/17/2009

Electronic Signature of Signing Officer or Director

Date