

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008532

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEIGHBORHOOD COUNCIL OF ST AUGUSTINE, INC.

Current Principal Place of Business:

441 OCEAN VISTA AVE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

441 OCEAN VISTA AVE
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 86-1086525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATTON, WENDY
441 OCEAN VISTA AVE
SAINT AUGUSTINE, FL 32080 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: DT () Delete
Name: STRATTON, WENDY
Address: 441 OCEAN VISTA AVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DS () Delete
Name: BERK, JEANNETTE
Address: 52 N ST AUGUSTINE BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: DILEO, DALE
Address: 316 ST GEORGE ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: FORSYTH, LINDA
Address: 38 CARRERA ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: KATHY, SCHIRMACHER
Address: 27 LOCUST ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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:

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: WENDY STRATTON

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date