

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 024 ****61.25

DOCUMENT # N04000003146

1. Entity Name
PREVENTION COALITION OF ST. JOHN'S COUNTY, INC.



Principal Place of Business
**40 ORANGE STREET
ST. AUGUSTINE, FL 32084**

Mailing Address
**40 ORANGE STREET
ST. AUGUSTINE, FL 32084**

40056277



2. Principal Place of Business

1400 Old Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

1400 Old Dixie Highway

Suite, Apt. #, etc.

03172005 Chg-NP CR2E037 (10/03)

City & State

St. Augustine, FL

Zip
32084

Country
USA

City & State

St. Augustine, FL

Zip
32084

Country
USA

4. FEI Number

20-0727034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UPCHURCH, TRACY
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MELCHIONNE, SANDI
40 ORANGE STREET
ST. AUGUSTINE, FL 32084** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
BIRCHALL, NANCY
40 ORANGE STREET
ST. AUGUSTINE, FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GAY, PAT
40 ORANGE STREET
ST. AUGUSTINE, FL 32084** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
BIRCHALL, NANCY
1400 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32084** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PATRICIA GREENOUGH
1400 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32084** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Greenough **Patricia Greenough** **4/12/05** **(904) 829-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #