## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003146

FILED Feb 08, 2007 Secretary of State

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

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

1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084

FEI Number: 20-0727034 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:

UPCHURCH, TRACY
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US
CRONKITE, LAWRENCE
1400 OLD DIXIE HIGHWAY
ST. 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: LAWRENCE CRONKITE 02/08/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Delete Title: P (X) Change ( ) Addition
Name: BIRCHALL, NANCY Name: SLOUGH, BEVERLY

Address: 1955 US 1 S., SUITE 100 Address: 40 ORANGE STREET

City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GREENOUGH, PATRICIA
 Name:

 Address:
 1400 OLD DIXIE HWY
 Address:

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

Title: C ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HAYNIE, DIANA
 Name:

 Address:
 1143 WINTERHAWK DR
 Address:

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

 $\label{eq:time_continuity} {\sf Title:} \qquad {\sf C} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name:GAY, PATName:BREIDENSTEIN, ANNAddress:40 ORANGE STAddress:117 BRIDGE STREETCity-St-Zip:SAINT AUGUSTINE, FL 32084City-St-Zip:SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA GREENOUGH TREA 02/08/2007