

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 028 ****70.00

DOCUMENT # N04000003146					
1. Entity Name PREVENTION COALITION OF ST. JOHN'S COUNTY, INC.					
Principal Place of Business 1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084			Mailing Address 1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0727034	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONKITE, LAWRENCE 1400 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name: <u>Patricia Greenough</u> Street Address (P.O. Box Number is Not Acceptable): <u>1400 Old Dixie Hwy</u> City: <u>St. Augustine</u> FL Zip Code: <u>32084</u>		
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: <u>Patricia Greenough</u> PATRICIA GREENOUGH		DATE: <u>4/28/08</u>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOUGH, BEVERLY 40 ORANGE STREET SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <u>ST</u> GREENOUGH, PATRICIA 1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAYNIE, DIANA 1143 WINTERHAWK DR SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREIDENSTEIN, ANN 117 BRIDGE STREET SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Nicola Gorce 1400 Old Dixie Hwy St Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Nicola Gorce 1400 Old Dixie Hwy St Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patricia Greenough</u> PATRICIA GREENOUGH <u>4/28/08</u> <u>(904) 829-6261</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					