

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003146

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

1400 OLD DIXIE HWY
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

1400 OLD DIXIE HWY
SUITE B
ST. AUGUSTINE, FL 32084

Current Mailing Address:

1400 OLD DIXIE HWY
ST. AUGUSTINE, FL 32084

New Mailing Address:

1400 OLD DIXIE HWY
SUITE B
ST. AUGUSTINE, FL 32084

FEI Number: 20-0727034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENOUGH, PATRICIA
1400 OLD DIXIE HWY
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

GREENOUGH, PATRICIA
1400 OLD DIXIE HWY
SUITE A
SAINT 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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLOUGH, BEVERLY
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S/T () Delete
Name: GREENOUGH, PATRICIA
Address: 1400 OLD DIXIE HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V () Delete
Name: BREIDENSTEIN, ANN
Address: 117 BRIDGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: C () Delete
Name: GORCE, NICOLA
Address: 1400 OLD DIXIE HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURCHFIELD, ROBIN
Address: 1 RIBERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: V (X) Change () Addition
Name: WATSON, BERT
Address: 276 PASEO REYES DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: PP (X) Change () Addition
Name: SLOUGH, BEVERLY
Address: 40 ORANGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: PATRICIA GREENOUGH

S/T

04/06/2009

Electronic Signature of Signing Officer or Director

Date