

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005943

FILED
Jan 09, 2008
Secretary of State

Entity Name: ST. AUGUSTINE PARKINSON'S DISEASE SUPPORT GROUP AND NPF AFFILIATE INC.

Current Principal Place of Business:

181 MARINE ST.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

33 ALCIRA CT
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1521032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL SERVICES, INC.
1333 N DUVAL STREET
TALLAHASSEE, FL 32303 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: P () Delete
Name: COSHOW, KIMERLY E
Address: 465 ISLAND VIEW CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: V () Delete
Name: GERONIMO, ROGER J
Address: 33 ALCIRA CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD () Delete
Name: JOHNSON, BARBARA J
Address: 1165 ALCALA DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD () Delete
Name: GERONIMO, ROGER J
Address: 33 ALCIRA CT
City-St-Zip: ST. AUGUSTINE, FL 32086

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:

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: DR. ROGER J. GERONIMO

TD

01/09/2008

Electronic Signature of Signing Officer or Director

Date