2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

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

Current Principal Place of Business:

1 UNIVERSITY BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1625 BAY HAWK LANE
ST. AUGUSTINE, FL 32084

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:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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
Name: COSHOW, KIMERLY E
Address: 465 ISLAND VIEW CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: V
Name: GERONIMO, ROGER J
Address: 1625 BAY HAWK LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD
Name: NELSON-LEONARDY, DEBRA L
Address: 2515 PEACH DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD
Name: GERONIMO, ROGER J
Address: 1625 BAY HAWK LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: DR. ROGER J. GERONIMO VP 01/07/2010

Electronic Signature of Signing Officer or Director — Date