

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009775

FILED
Feb 25, 2009
Secretary of State

Entity Name: FRIENDS OF A1A SCENIC AND HISTORIC COASTAL BYWAY, INC.

Current Principal Place of Business:

2175 MIZELL ROAD
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

2175 MIZELL ROAD
SAINT AUGUSTINE, FL 320809157

Current Mailing Address:

2175 MIZELL ROAD
SAINT AUGUSTINE, FL 32080

New Mailing Address:

2175 MIZELL ROAD
SAINT AUGUSTINE, FL 320809157

FEI Number: 01-0817026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARA, SALLIE
2175 MIZELL ROAD
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

O'HARA, SALLIE
2175 MIZELL ROAD
SAINT AUGUSTINE, FL 320809157 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:

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HELM, CHARLES M
Address: 216 N 2ND AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DT () Delete
Name: NETHERTON, JIM
Address: 9505 OCEANSHORE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DP () Delete
Name: JENNESS, BARBARA
Address: 4300 COASTAL HWY
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: CLARKE, KEITH
Address: 37 WALKERS RIDGE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: RUZECKI, MARY ANN
Address: 1100 SOUTH CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DVP () Delete
Name: WILSON, ANNE
Address: 5750 N. OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: JENNESS, BARBARA
Address: 313 PORPOISE POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

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: BARBARA JENNESS

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date