

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012107

FILED
Mar 13, 2006
Secretary of State

Entity Name: SAINT AUGUSTINE YOUNG PROFESSIONAL ORGANIZATION, INC

Current Principal Place of Business:

1835 US 1 SOUTH #113
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1835 US 1 SOUTH #113
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1916368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISCH, KRIS
1835 US 1 SOUTH #113
ST. AUGUSTINE, FL 32084 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: RISCH, KRIS
Address: 1835 US 1 SOUTH #113
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: OWENS, NICK
Address: 221 BILBAO DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: JOHNSON, ALISON
Address: 403 GRACIELA
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: NEVILLE, TODD
Address: 120 SR 312 STE 1
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: JOHNSON, AARON
Address: 403 GRACIELA CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RISCH, KRIS
Address: 1835 US 1 SOUTH #113
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: OWENS, NICK
Address: 221 BILBAO DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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: P () Change (X) Addition
Name: SMITH, SHAUN
Address: 4716 SERENA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: KRIS RISCH

VP

03/13/2006

Electronic Signature of Signing Officer or Director

Date