2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000011726

Entity Name: THE ST JOHN'S ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

5825 PONDWOOD COURT
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5825 PONDWOOD COURT
ORLANDO, FL 32810

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROSPERE, IRENE DR.
5825 PONDWOOD COURT
ORLANDO, FL 32810 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: D ( ) Delete
Name: PROSPERE, IRENE
Address: 5825 PONDWOOD COURT
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: FENTON, HENSEY
Address: 8813 DUNES COURT APT. 201
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete
Name: FENTON, EILEEN
Address: 8813 DUNES COURT APT. 201
City-St-Zip: KISSIMMEE, FL 34747

Title: M ( ) Delete
Name: MEADE, MAUDE
Address: 7 DUNLAP STREE
City-St-Zip: DORCHESTER, MA 02124 US

Title: SEC ( ) Delete
Name: LEE, LUCILLE
Address: 4320 BARNES AVE
City-St-Zip: BRONX, NY 10466 US

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:

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: IRENE PROSPERE DR 04/16/2009

Electronic Signature of Signing Officer or Director — Date