## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N05922  1. Entity Name PRESBYTERY OF ST. AUGUSTINE, INC.					05-01-2	, 90505 002 005 ,	****61.25	
Principal Place of Business 1937 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32217  Mailing Address 1937 UNIVERSITY BLVD W JACKSONVILLE, FL 32217						18 KB1 4100 B151 B161 B161 B		
Principal Place of Business - No P.O. Box # 3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		8 Chg-NP	CR2E037 (12	/06)	
City & State		City & State		4. FEI Nu 59-6	mber 014964		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certific	ate of Status Desire	ed □ \$8.7	5 Additional equired	
<del></del>	6. Name and Address of Current F	Registered Agent		7. Name	ind Address of Ne	w Registered Agent		
			Name					
HOOKER, PAUL K 1937 UNIVERSITY BLVD W. JACKSONVILLE, FL 32217			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
o noncon	TIELE, I E GEETT							
MAN .			City	FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating	)			
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	\$5.00 Ma	y Be	Make check pays Florida Department		
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10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 Ma	y Be es	Make check pay: Florida Department	ORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 transacture this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART DORNBLASER-TREASURER

04/29/08 Davide Prode /