

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004355

FILED
Apr 08, 2009
Secretary of State

Entity Name: ST. AUGUSTINE FOOT SOLDIERS REMEMBRANCE PROJECT, INC.

Current Principal Place of Business:

13 DR. R.B. HAYLING PLACE
ST. AUGUSTINE, FL 320844025

New Principal Place of Business:

13 DR. R.B. HAYLING PLACE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 164
ST. AUGUSTINE, FL 320844025

New Mailing Address:

57 FULLERWOOD DRIVE
ST. AUGUSTINE, FL 32084

FEI Number: 20-4826512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAULIFFE, CYNTHIA
115 FERNAND AVE.
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BOLES, JOSEPH L ATTY.
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084 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: JOSEPH L. BOLES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VICKERS, BARBARA H
Address: 13 DR. R.B. HAYLING PLACE
City-St-Zip: ST. AUGUSTINE, FL 320844025

Title: D () Delete
Name: MCAULIFFE, CYNTHIA
Address: 115 FERDINAND AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: KALANIK, BARBARA A
Address: 8 WILLOW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: GARDNER, SALLY
Address: 57 FULLERWOOD DR.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VICKERS, BARBARA H
Address: 13 DR. R.B. HAYLING PLACE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: MCAULIFFE, CYNTHIA
Address: 115 FERDINAND AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V (X) Change () Addition
Name: KALANIK, BARBARA A
Address: 8 WILLOW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T (X) Change () Addition
Name: GARDNER, SALLY
Address: 57 FULLERWOOD DR.
City-St-Zip: ST. AUGUSTINE, FL 32084

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 H. VICKERS

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date