

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2009
Secretary of State

DOCUMENT# N06000006738

Entity Name: THE LOUIS ARGITIS JR. FOUNDATION FOR CHALLENGED CHILDREN, INC.

Current Principal Place of Business:

112 TINTO WAY
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

112 TINTO WAY
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-0290305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARGITIS, KATHY A
112 TINTO WAY
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: D () Delete
Name: ARGITIS, JR., LOUIS
Address: 112 TINTO WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: ARGITIS, KATHRYN
Address: 112 TINTO WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: MAS, MIGUEL M.D.
Address: 324 RED WING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: PULLEN, II, J. MIKE
Address: 180 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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:

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: KATHY ARGITIS

Electronic Signature of Signing Officer or Director

PRES

09/13/2009

Date