


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90087 029 ****70.00

DOCUMENT # N06000011322					
1. Entity Name NATURAL LIVING ALLIANCE OF ST. JOHNS COUNTY, INC.					
Principal Place of Business 165 TWINE STREET ST AUGUSTINE, FL 32084			Mailing Address PO BOX 973 ST AUGUSTINE, FL 32085		
2. Principal Place of Business - No P.O. Box # 168 MARTIN LUTHER KING AVE.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL		City & State		4. FEI Number 76-0841180	
Zip 32084		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNGQUIST, PAM 165 TWINE STREET ST AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name <u>Lauren Biting - Ellis</u> Street Address (P.O. Box Number is Not Acceptable) 168 MARTIN LUTHER KING AVE. City <u>St. Augustine</u> <u>FL</u> Zip Code <u>32084</u>		
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 <u>Lauren Biting</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/26/7</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGQUIST, PAM <input type="checkbox"/> Delete 165 TWINE STREET ST AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOWOSAD, KIM <input type="checkbox"/> Delete 325 CHAPEL ROAD ST AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWE, PAT <input type="checkbox"/> Delete 640 W 16TH STREET ST AUGUSTINE, FL 32080				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KIM. NOWOSAD 325 CHAPEL ROAD ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAUREN BITTING ELLIS 168 MARTIN LUTHER KING AVE. ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 to execute 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 all other like empowered.					
SIGNATURE: <u>Lauren Biting</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/26/7</u> Daytime Phone # <u>904810 0390</u>	

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