2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
01-29-2008 90005 033 ****61.25

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1. Entity Name
THE AUGUSTAN SOCIETY, INCORPORATED

66001802

Principal Place of Business	Mailing Address
12716 NEWFIELD DR. ORLANDO, FL 32837-7434	P.O. BOX 771267 ORLANDO, FL 32877-1267

01062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-3499824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METCALF, BRUCE 12716 NEWFIELD DR. ORLANDO, FL 32837-7434	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRIANO-MOORE, RICHARD G. 2820 CARISSA CT. SANTA ROSA, CA 954057934	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, LAWRENCE B. ROOM 7-J, 370/61 SUKHUMWIT SOI 50 PHRAKHANONG, THAILAND BKK102, 50	☒ Delete	DP VELLINE, CHRIS 1109 FELBAR AVE TORRANCE CA 90503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CAFFEY, JOHN A. 36588 SANTA FE ST. DAGGETT, CA 923270075	☒ Delete	DS MICKELSON, JEFFREY J. 4227 HATHAWAY DR GRAND PRAIRIE TX 75052	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CLEVE, ROBERT L. 16257 LONDELIUS STREET NORTH HILLS, CA 91343	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVE, MIWAKO 16257 LONDELIUS ST. NORTH HILLS, CA 91343	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTWELL, JESSICA 415 18 ST., STE. 1 SACRAMENTO, CA 95814	☐ Delete	D HARTWELL, JESSICA PO BOX 2588 ELK GROVE CA 95759	☒ Change ☐ 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: J Mickelson Jeffrey J. Mickelson 21 JAN 08 972-987-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #