

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N07000001230

Entity Name: THE AUGUSTAN SOCIETY, INCORPORATED

Current Principal Place of Business:

12716 NEWFIELD DR.
ORLANDO, FL 328377434

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771267
ORLANDO, FL 328771267

New Mailing Address:

FEI Number: 95-3499824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METCALF, BRUCE
12716 NEWFIELD DR.
ORLANDO, FL 328377434 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: ANDRIANO-MOORE, RICHARD G.
Address: 2920 CARISSA CT.
City-St-Zip: SANTA ROSA, CA 954057934

Title: DP () Delete
Name: VELLINE, CHRIS
Address: 1189 FELBAR AVE
City-St-Zip: TORRANCE, CA 90503

Title: DS () Delete
Name: MICKELSON, JEFFREY J
Address: 4227 HATHAWAY DR
City-St-Zip: GRAND PRAIRIE, TX 75052

Title: DC () Delete
Name: CLEVE, ROBERT L.
Address: 16257 LONDELIUS STREET
City-St-Zip: NORTH HILLS, CA 91343

Title: D () Delete
Name: CLEVE, MIWAKO
Address: 16257 LONDELIUS ST.
City-St-Zip: NORTH HILLS, CA 91343

Title: D () Delete
Name: HARTWELL, JESSICA
Address: 415 18 ST., STE. 1
City-St-Zip: SACRAMENTO, CA 95814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MICKELSON, JEFFREY J
Address: 3025 SAINT AMANDA DR
City-St-Zip: MANSFIELD, TX 76063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARTWELL, JESSICA
Address: 6613 ESKRIDGE WAY
City-St-Zip: ELK GROVE, CA 95758

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: BRUCE METCALF

Electronic Signature of Signing Officer or Director

MR.

04/20/2009

Date