2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N07000004644

Entity Name: SOMEBODY CARES-ST. AUGUSTINE, INC.

Current Principal Place of Business:

45 SURF DR.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 840081
ST. AUGUSTINE BCH, FL 320800081

New Mailing Address:

FEI Number: 26-0188459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFTON, JOHN T
45 SURF DR.
ST. AUGUSTINE, FL 32080 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: CLIFTON, JOHN T
Address: 45 SURF DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: FRENIER, MARK
Address: 5605 US1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL

Title: D ( ) Delete
Name: ROEDER, KAMI
Address: 50 S. DIXIE HWY.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: DETTRA, RICHARD
Address: 4320 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: CLIFTON, PATRICIA
Address: 45 SURF DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

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:

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: JOHN CLIFTON PRES 01/21/2009

Electronic Signature of Signing Officer or Director — Date