

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004644

FILED
Jan 06, 2010
Secretary of State

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 32080081

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN CLIFTON

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date