

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004644

FILED  
Feb 17, 2011  
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 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  
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 T. CLIFTON

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date