# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N07000007671

**Entity Name:** WOMENADE OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

300 OCEAN FOREST DR
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

300 OCEAN FOREST DR
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number: 26-0710216** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGUIRE, SHARON L
54 ANDORA ST.
ST AUGUSTINE, FL 32086 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: | P | ( ) Delete |
| Name: | PLATTS, COLETTE | |
| Address: | 300 OCEAN FOREST DR | |
| City-St-Zip: | ST AUGUSTINE, FL 32080 | |
| Title: | VP | ( ) Delete |
| Name: | MAGUIRE, SHARON L | |
| Address: | 54 ANDORA ST. | |
| City-St-Zip: | ST AUGUSTINE, FL 32086 | |
| Title: | S | ( ) Delete |
| Name: | BRAY, SHERYL S | |
| Address: | 1311 PRINCE RD | |
| City-St-Zip: | ST AUGUSTINE, FL 32086 | |
| Title: | T | ( ) Delete |
| Name: | COTTON, LAURA A | |
| Address: | 4644 PEELE ST | |
| City-St-Zip: | ELKTON, FL 32033 | |

**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: | T | (X) Change ( ) Addition |
| Name: | COTTON, LAURA A | |
| Address: | 110 OCEAN HOLLOW LANE UNIT 202 | |
| City-St-Zip: | ST AUGUSTINE, FL 32080 | |

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: COLETTE PLATTS P 04/30/2009

Electronic Signature of Signing Officer or Director — Date