2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010711

Entity Name: ST. AUGUSTINE 450TH CORPORATION

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

57 FULLERWOOD DRIVE ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

57 FULLERWOOD DRIVE ST. AUGUSTINE, FL 32084

FEI Number: 32-0231686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARDNER, GEORGE

57 FULLERWOOD DRIVE

ST. AUGUSTINE, FL 32084 US

CANAN, PATRICK T ATTY

43 CINCINNATI AVENUE

ST. AUGUSTINE, FL 32084 US

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: PATRICK T. CANAN 04/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 P (X) Change () Addition

 Name:
 GARDNER, GEORGE
 Name:
 GARDNER, GEORGE

 Address:
 57 FULLERWOOD DRIVE
 Address:
 57 FULLERWOOD DRIVE

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:
 ST. AUGUSTINE, FL 32084

Title: D () Delete Title: V (X) Change () Addition Name: PARKER, SUSAN Name: MANNY, SCOTT

Address: 271 CHARLOTTE STREET Address: 1 OAK TREE LN
City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete Title: S (X) Change () Addition Name: GUTIERREZ, MARICARMEN Name: BIRCHALL, NANCY

Address: 35 HYPOLITA STREET SUITE 103 Address: 4009 MOULTRIE FORESIDE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 RUSSELL, ROBERT

 Address:
 Address:
 88 ANGELO LANE

 City-St-Zip:
 City-St-Zip:
 ST. AUGUSTINE, FL 32086

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: GEORGE GARDNER P 04/02/2009