

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004082

FILED
Feb 22, 2009
Secretary of State

Entity Name: SAINT AUGUSTINE CHAPTER /GALLAUDET UNIVERSITY ALUMNI ASSOCIATION, INC

Current Principal Place of Business:

12660 THICKET RIDGE DRIVE
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

12660 THICKET RIDGE DRIVE
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 41-2276928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINCHESTER, SARA C
12660 THICKET RIDGE DRIVE
JACKSONVILLE, FL 32258 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: PENROSE, DEBORAH B
Address: 7 RYLAND PLACE
City-St-Zip: PALM COAST, FL 32164 US

Title: V () Delete
Name: DRAKE, DONNA F
Address: 1359 PRINCE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: S () Delete
Name: MAGLIOCCCHINO, VICTORIA A
Address: 332 CYPRESS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: T () Delete
Name: WINCHESTER, SARA C
Address: 12660 THICKET RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: C () Delete
Name: LALLY, JACQUELYN
Address: 811 MACKENZIE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: SARA WINCHESTER

T

02/22/2009

Electronic Signature of Signing Officer or Director

Date