2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000004536

Entity Name: COMMUNITY ACTION NETWORK OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

148 BARTRAM PARKE DR
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

148 BARTRAM PARKE DR
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 26-2505402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICE, DAVID P
148 BARTRAM PARKE DR
ST. JOHNS, FL 32259 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: GREEN, KEN
Address: 113 BARBAROSA ST
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S ( ) Delete
Name: HOLLINGSWORTH, MYRTLE
Address: 965 OXFORD DR
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: BOOTH, JEANETTE
Address: 17 NELMAR ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: COTTON, DAVID
Address: 159 S. END ST
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: SAVIAK, JOE
Address: 40 N. ST. AUGUSSTINE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

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: DAVID P. RICE DR. 04/29/2009
Electronic Signature of Signing Officer or Director — Date