

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007887

FILED
Aug 26, 2009
Secretary of State

Entity Name: RJ MURRAY MIDDLE SCHOOL CENTER FOR THE ARTS GIFTED / CAMBRIDGE BOOSTER ASSOCIATION, INCORPORATED

Current Principal Place of Business:

150 NOTH HOLMES BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

150 NOTH HOLMES BLVD
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 26-3193149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CANAN, PATRICK T ESQ
43 CINCINNATI AVE
ST AUGUSTINE, FL 32084 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: HUTCHERSON, AMELIA
Address: 915 LEW BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: V () Delete
Name: MCCUTCHEON, GLEN
Address: 8815 HASTINGS BLVD
City-St-Zip: HASTINGS, FL 32145

Title: S () Delete
Name: FOX, MELISSA
Address: 663 SUNDOWN CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T () Delete
Name: PEARMAN, JOANN
Address: 515 SIDE CREEK LANE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOX, EDITH
Address: 67 VALENCIA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V (X) Change () Addition
Name: SMITH, LAURA
Address: 25 LOVETT STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: BUCHANAN, CATHY
Address: 446 SEGOVIA RD
City-St-Zip: ST AUGUSTINE, FL 32086

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: EDITH FOX

P

08/26/2009

Electronic Signature of Signing Officer or Director

Date