

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008297

FILED
Oct 28, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTY CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

3205 VARELLA AVE.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3205 VARELLA AVE.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, DOUGLAS N ESQ
170 MALAGA STREET SUITE A
ST. AUGUSTINE, FL 32085 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: DOUGLAS BURNETT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FATTIZZI, VINCE
Address: 1862 WEST COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V () Delete
Name: HAYES, JOYCE
Address: 320 EBB TIDE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: HIGHSMITH, LAURA
Address: 816 E RED HOUSE BRANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: FATTIZZI, VALERIE
Address: 1862 WEST COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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:

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: JOYCE HAYES

VP

10/28/2009

Electronic Signature of Signing Officer or Director

Date