

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009035

FILED
Jan 15, 2009
Secretary of State

Entity Name: PROJECT AUTISM OF ST.JOHNS, INC.

Current Principal Place of Business:

109 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

109 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 26-3442705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUBERT, STEFAN R
109 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095 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: D () Delete
Name: SHUBERT, VALERIE D
Address: 109 MARSH ISLAND CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: POTTS, JENNIFER
Address: 788 CAPTAINS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: BOOTH, KRISTEN
Address: 139 PARKSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: BLEVINS, GINA
Address: 323 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SHUBERT, VALERIE D
Address: 109 MARSH ISLAND CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DVP (X) Change () Addition
Name: POTTS, JENNIFER
Address: 788 CAPTAINS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BLEVINS, GINA
Address: 323 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DP () Change (X) Addition
Name: BLEVINS, TROY
Address: 323 SUMMERCove CIRCLE
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: VALERIE D. SHUBERT

DS

01/15/2009

Electronic Signature of Signing Officer or Director

Date