2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N09096

Entity Name: ST. GERARD CAMPUS, INC.

Current Principal Place of Business:

1405 U S 1 SOUTH
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 4382
ST AUGUSTINE, FL 320854382 US

New Mailing Address:

FEI Number: 59-2483955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITEHOUSE, JAMES ESQ
21 MAGNOLIA DUNE CIRCLE
ST AUGUSTINE, FL 32080 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: GREENFIELD, PAT SEC.
Address: 215 4TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: WOLFF, CAROLINE EX.DIR
Address: 211 DELTONA BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: KLEIN, JUDY OFF.
Address: 3060 TIMBERLAKE POINT
City-St-Zip: PONTE VEDRA, FL 32082

Title: DR. ( ) Delete
Name: JUDE, NWOGA PRES.
Address: 1205 ELLINGTON COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: OLIVER, MAE OFF.
Address: 469 OCEAN FOREST DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

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: CAROLINE A. WOLFF D 04/23/2009

Electronic Signature of Signing Officer or Director — Date