

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24099

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE ST. AUGUSTINE DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business:

10 FAIRBANKS AVE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

10 FAIRBANKS AVE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-2335742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UR, JOSEPH
387 SOUTH HAMPTON CLUB WAY
ST. AUGUSTINE, FL 32092 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: UR, JOSEPH
Address: 387 SOUTH HAMPTON CLUB WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: PEARSON, FRANCES L
Address: 721 WANDERING LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD () Delete
Name: RUSSO, MARTHA
Address: 119 SUNSET CIRCLE SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete
Name: ANDERSON, PAMELA
Address: 4793 COQUINA CROSSING DRIVE
City-St-Zip: ELKTON, FL 32033

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: S (X) Change () Addition
Name: HAIT, LINDA
Address: 10 FAIRBANKS STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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: LOIS PEARSON

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date