2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N28637

1. Entity Name
ST. AUGUSTINE YOUTH SERVICES, INC.

Principal Place of Business	Mailing Address
C/O CARL SIMONE 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084	C/O CARL SIMONE 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2925271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONE, CARL
50 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000483026
04/11/06-80097-027 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMONE, CARL
STREET ADDRESS	527 LAKE ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	D
NAME	JONES, JOHNNY
STREET ADDRESS	351 N. ROSCOE BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	HOLLISTER, MICHELE R
STREET ADDRESS	413 TRAVINO AVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	D
NAME	DION, DICKI
STREET ADDRESS	137 COASTAL OAK CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	COLLIN, ALVIN
STREET ADDRESS	958 AURORA AV
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	THORNWELL, JAMES
STREET ADDRESS	PO BOX 136
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Simone 4/6/06 904/829-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #