


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90064 006 ****61.25

DOCUMENT # N28637 1. Entity Name ST. AUGUSTINE YOUTH SERVICES, INC.					
Principal Place of Business C/O CARL SIMONE 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084			Mailing Address C/O CARL SIMONE 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2925271	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMONE, CARL 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMONE, CARL	NAME			
STREET ADDRESS	527 LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, JOHNNY	NAME			
STREET ADDRESS	351 N. ROSCOE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLISTER, MICHELE R	NAME			
STREET ADDRESS	413 TRAVINO AVE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DION, DICKI	NAME			
STREET ADDRESS	137 COASTAL OAK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLIN, ALVIN	NAME	Collins, Alvin		
STREET ADDRESS	958 AURORA AV	STREET ADDRESS	17 Buffalo Plains Lane		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	Palm Coast, FL 32137		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THORNWELL, JAMES	NAME			
STREET ADDRESS	PO BOX 136	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004	CITY-ST-ZIP			
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: <u>Carl Simone</u> 3/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					