


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent SIMONE, CARL 50 SARAGOSSA STREET ST. AUGUSTINE, FL 32084
--

**DO NOT WRITE
IN THIS SPACE**

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)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, CARL 527 LAKE ROAD PONTE VEDRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLISTER, MICHELE R 413 TRAVINO AVE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DION, DICKI 137 COASTAL OAK CIRCLE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ALVIN 17 BUFFALO PLAINS LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNWELL, JAMES PO BOX 136 PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000852797
03/26/08-80043-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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>Schuyler S. Siefker</u> <u>3-5-08</u> <u>904/829-1770</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
---	---------------------	--------------------------------