

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28637

FILED
Mar 29, 2012
Secretary of State

Entity Name: ST. AUGUSTINE YOUTH SERVICES, INC.

Current Principal Place of Business:

C/O CARL SIMONE
50 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

C/O CARL SIMONE
50 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-2925271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONE, CARL
50 SARAGOSSA STREET
ST. AUGUSTINE, FL 32084 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
Name: SIMONE, CARL
Address: 527 LAKE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D
Name: HOLLISTER, MICHELE R
Address: 413 TRAVINO AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: DION, DICKI
Address: 137 COASTAL OAK CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: COLLINS, ALVIN
Address: 17 BUFFALO PLAINS LANE
City-St-Zip: PALM COAST, FL 32137

Title: D
Name: THORNWELL, JAMES
Address: PO BOX 136
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D
Name: SIEFKER, SCHUYLER S
Address: 704 ALDEN WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: CARL SIMONE

D

03/29/2012

Electronic Signature of Signing Officer or Director

_____ Date