2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N28726

Entity Name: RETIRED SENIOR VOLUNTEER PROGRAM OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

10 HILDRETH DR
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

40 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3062853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIDSON, MARJORIE
40 ORANGE 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: PD ( ) Delete
Name: CAJPO, JUOY
Address: 209 SWALLOW RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD ( ) Delete
Name: KNIGHT, JANET
Address: 1919 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAPO, JUDY
Address: 209 SWALLOW RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD (X) Change ( ) Addition
Name: KNIGHT, JANET
Address: 6780 MAGNOLIA LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: JUDY CAPO PD 06/24/2009

Electronic Signature of Signing Officer or Director — Date