## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N30339  1. Entity Name ASSOCIATION OF ST. JUDE, INC.					04-04-2008 90025 011 ****61.25				
Principal Piac 1905 HICKOI PANAMA CIT	RY AVE	Mailing Address PO BOX 16576 PANAMA CITY, FL 3240	_			8.811 8.891 8.991 8.887 8.887 8.887	<b>181 El 116</b> 1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008	Chg-NP	CR2E037 (12/06)			
Panama City		City & State		4. FEI Number 59-2933	4. FEI Number Applied For 59-2933244 Not Applicable				
3240		Zip	Country		f Status Desired	See Required			
<u> </u>	6. Name and Address of Current I	Registered Agent		7. Name and A	ddress of New Re	gistered Agent			
	ORY AVE	******	Name Street A	Donna HARDEN Address (P.O. Box Number is Not Acceptable)					
PANAMA	CITY, FL 32405		21	47 Pittmo	n DR.	1 2 2			
City				anoma 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 Monra Harden 04/02/08									
Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed hame of registered agent a	and title if applicable. (NOTE:	: Registered Agent signa	ure required when reinstating)		DATE			
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florid	ake check payable to da Department of Sta	ate		
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Florid	da Department of Sta	ate		
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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 suppliemental 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: Lo	ana Harden	Donna	HARDEN	04-02-08	-850-763-1193
/SIGNAT	Date	Daytime Phone 4			

D Kearns, DENIZE 715 Mississippi Aue LYNN Haven, Fl 32444 # N30339