


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90025 011 ****61.25

DOCUMENT # N30339 1. Entity Name ASSOCIATION OF ST. JUDE, INC.					
Principal Place of Business 1905 HICKORY AVE PANAMA CITY, FL 32405 US			Mailing Address PO BOX 16576 PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box # 2147 Pittman DR		3. Mailing Address Suite, Apt. #, etc.			
City & State Panama City		City & State Panama City			
Zip 32405		Zip 32405		Country US	
4. FEI Number 59-2933244			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REDMAN, JOAN A 1905 HICKORY AVE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: Donna HARDEN Street Address (P.O. Box Number is Not Acceptable): 2147 Pittman DR. City: Panama City FL Zip Code: 32405		
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: <u>Donna Harden</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>04/02/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNS, DENIZE 715 MISSISSIPPI AVE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNS, William 715 Mississippi Ave LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDIN, DONNA 2147 PITTMAN DR PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDEN, Donna 2147 Pittman DR Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUSCHER, DON 935 GOOSE BAYOU RD LYN HAVEN, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- FOWLER, JACQUELYN 6123 SUNSET AVE PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sheridan, Kathy 224 Nancy Ave Panama City Beach FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDMAN, JOAN A 1905 HICKORY AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna HARDEN 2147 Pittman DR Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDLOFF, JOHNATHAN 535 E. 4TH CT PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Donna Harden</u> Donna HARDEN 04-02-08-850-763-1193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

D

Kearns, DENIZE

715 Mississippi Ave

LYNN HAVEN, FL 32444

ATTACHMENT

40059166

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