2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N30339

Entity Name: ASSOCIATION OF ST. JUDE, INC.

Current Principal Place of Business:

2147 PITTMAN DR
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16576
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2933244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEN, DONNA
2147 PITTMAN DR.
PANAMA CITY, FL 32405 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:	P	( ) Delete
Name:	KEARNS, WILLIAM	
Address:	715 MISSISSIPPI AVE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	VP	( ) Delete
Name:	HARDEN, DONNA	
Address:	2147 PITTMAN DR	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	VP	( ) Delete
Name:	RAUSCHER, DON	
Address:	935 GOOSE BAYOU RD	
City-St-Zip:	LYN HAVEN, FL 32405	
Title:	S	( ) Delete
Name:	SHERIDAN, KATHY	
Address:	224 NANCY AVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	T/VP	( ) Delete
Name:	HARDEN, DONNA	
Address:	2147 PITTMAN DR.	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	RUDLOFF, JOHNATHAN	
Address:	535 E. 4TH CT	
City-St-Zip:	PANAMA CITY, FL 32401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DONNA HARDEN VP/T 01/05/2009

Electronic Signature of Signing Officer or Director — Date