2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49230

Name:

Address: City-St-Zip:

Entity Name: ST. NICHOLAS PLACE, INC.

FILED Feb 28, 2008 Secretary of State

| Current Pr | incipal Place of Business: | New Princ | ipal Place of Business: | |
|--|--|---|---|--|
| 2418 SCHUMACHER AVE JACKSONVILLE, FL 32207 | | | | |
| Current Mailing Address: | | New Maili | New Mailing Address: | |
| 1050 N DA | CE GIBSON VIS STREET VILLE, FL 32209 | | | |
| FEI Number: | 59-3246293 FEI Number Applied For () FE | I Number Not Appl | icable () Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 1050 N DA | ER, JAMES P VIS STREET VILLE, FL 32209 US | | | |
| 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: | | ADDITION | S/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete DEFOOR, DAN 929 BROOKMONT AVE E JACKSONVILLE, FL 32211 | Title: Name: Address: City-St-Zip: | C (X) Change () Addition GUTOS, STEVAN 3030 HARTLEY ROAD JACKSONVILLE, FL 32257 | |
| Title: Name: Address: City-St-Zip: | D () Delete JOHNSON, DEBORAH A 5310 HAMPTON GABLE COURT WEST JACKSONVILLE, FL 32257 | Title: Name: Address: City-St-Zip: | VC (X) Change () Addition WITTENSTEIN, IRA 1244 EDGEWOOD AVE S JACKSONVILLE, FL 32205 | |
| Title: Name: Address: City-St-Zip: | D () Delete WITTENSTEIN, IRA 1050 N DAVIS STREET JACKSONVILLE, FL 32209 | Title: Name: Address: City-St-Zip: | SC (X) Change () Addition MORAN, BERNADETTE 3312 ST JOHNS AVENUE JACKSONVILLE, FL 32205 | |
| Title: Name: Address: City-St-Zip: | D () Delete MORAN, BERNADETTE 3312 ST JOHNS AVENUE JACKSONVILLE, FL 32205 | Title: Name: Address: City-St-Zip: | T (X) Change () Addition JOHNSON, DEBBIE 5310 HAMPTON GABLE COURT WEST JACKSONVILLE, FL 32257 | |
| Title: | () Delete | Title: | CFO () Change (X) Addition | |

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.

Name:

Address:

City-St-Zip:

GIBSON, JOYCE

1050 N DAVIS STREET

JACKSONVILLE, FL 32209

SIGNATURE: JOYCE GIBSON CFO 02/28/2008