2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001387

FILED Jan 13, 2009 Secretary of State

Entity Name: FRIENDS OF THE HUGUENOT CEMETERY, INC.

Current Principal Place of Business: New Principal Place of Business: 32 SEVILLA ST SAINT AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 32 SEVILLA ST SAINT AUGUSTINE, FL 32084 FEI Number: 59-3249371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOLES, JOSEPH L JR 120 CHARLOTTE ST. ST. AUGUSTINE, FL 32084 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NEALON, DONALD NEALON, DONALD Name: Name: 252 KINGSTON DR Address: 252 KINGSTON DR Address: City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: ST. AUGUSTINE, FL 32095 Title: Title: () Delete () Change () Addition HARVEY, KAREN Name: Name: Address: 6 FLAMINGO DR Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: (X) Change () Addition TINGLEY, CHARLES A Name: TINGLEY, CHARLES A Name: Address: 18 CARERRA ST. Address: 18 CARERRA ST. City-St-Zip: ST AUGUSTINE, FL City-St-Zip: ST AUGUSTINE, FL Title: () Delete Title: () Change () Addition Name: LEVELL, OLEN JR Name: Address: 682 GILDA DR Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: (X) Change () Addition STUART, BEVERLY STUART, BEVERLY Name: Name: 249 KINGSTON DR 249 KINGSTON DR Address: Address: ST. AUGUSTINE, FL 32095 City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32095 Title: () Delete Title: () Change (X) Addition SCALES, WILLIAM Name: Name: Address: Address: 909 SPRING LAKE DRIVE ST. AUGUSTINE, FL 32080 City-St-Zip: 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: OLEN LEVELL, JR. MR. 01/13/2009