

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000676

FILED
Apr 24, 2007
Secretary of State

Entity Name: ST. JOHNS COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

780 N. PONCE DE LEON BLVD
SUITE B
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

40 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

PO BOX 860026
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

40 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-3221115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY UPCHURCH
780 N. PONCE DE LEON BLVD
SUITE B
ST. AUGUSTINE, FL 32084 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: C () Delete
Name: GORDY, JOSEPH
Address: 780 N. PONCE DELEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VD () Delete
Name: BURTON, SCOTT
Address: 780 N. PONCE DELEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: SD () Delete
Name: SMITH, RAMONA
Address: 780 N PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: TD () Delete
Name: ALBRITTON, JACKIE
Address: 780 N. PONCE DELEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURTON, SCOTT
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP (X) Change () Addition
Name: BRUNK, CHERYL
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: SD (X) Change () Addition
Name: PEMBERTON, CAROL
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: TD (X) Change () Addition
Name: ALBRITTON, JACKIE
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: E.D. () Change (X) Addition
Name: LUEDERS, DONNA
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the 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 LUEDERS

E.D.

04/24/2007

Electronic Signature of Signing Officer or Director

Date