# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2008**
**Secretary of State**

DOCUMENT# N94000000676

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

**Current Principal Place of Business:**

40 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

**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: P ( ) Delete
Name: BURTON, SCOTT
Address: 40 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 LUEDERS ED 03/25/2008

Electronic Signature of Signing Officer or Director — Date