

DOCUMENT # N95000002218

1. Entity Name

COMMUNITIES IN SCHOOLS OF ST. JOHNS COUNTY, FLOR

Principal Place of Business

Mailing Address

74 RIBERIA STREET
ST AUGUSTINE FL 32086

P.O. BOX 3265
ST AUGUSTINE FL 32085-3265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3314332

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MATHIS, JOEL
100 SOUTHPARK BLVD #311
ST AUGUSTINE FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Tommy Allen
310 SR 16
St. Augustine FL 32095 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PALMER, MIKE
2155 OLD MOULTRIE RD
ST AUGUSTINE FL 32085-3265 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
SEXTON, PORTER
201 D STREET
ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
GACHET, PEGGY
12 FERN STREET
ST AUGUSTINE FL 32095 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
William Proctor
Pb Box 1027
St. Augustine FL 32085 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/01 904.829.6481 x351

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90026 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)