

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002218

FILED
Jan 11, 2006
Secretary of State

Entity Name: COMMUNITIES IN SCHOOLS OF ST. JOHNS COUNTY, FLORIDA, INC.

Current Principal Place of Business:

74 RIBERIA STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3265
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3314332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, KATHLEEN S
74 RIBERIA ST
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: BC () Delete
Name: COLAVITO, MARIA DR
Address: 74 RIBERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: DC () Delete
Name: PROCTOR, WILLIAM D
Address: 74 RIBERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D () Delete
Name: DRAKE, KATHLEEN S
Address: 74 RIBERIA ST
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: DC () Delete
Name: GACHET, PEGGY
Address: 3175 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: T () Delete
Name: SMITH, DERRICK
Address: 790 PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: CE () Delete
Name: DILLHYON, MICHAEL SGT
Address: 4015 LEWIS SPEEDWAY
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOHL, ALLEN
Address: 3341 KINGS RD
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN S. DRAKE

ED

01/11/2006

Electronic Signature of Signing Officer or Director

Date