

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002799

FILED
Mar 30, 2009
Secretary of State

Entity Name: ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC.

Current Principal Place of Business:

50 SOUTH DIXIE HIGHWAY
SUITE 5
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

50 SOUTH DIXIE HIGHWAY
SUITE 5
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 31-1607979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, CHERYL
2248 TWIN FOX TRAIL
SAINT AUGUSTINE, FL 32086 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: D () Delete
Name: TURNER, LOIS
Address: 1065 KINGS ESTATE RD
City-St-Zip: ST AUGUSTINE, FL

Title: DP () Delete
Name: VARGAS, JUSTIN
Address: 349 BRANTLEY HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DS () Delete
Name: TUDOR, VIRGINIA
Address: 600 DOMENICO CIR UNIT F-8
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: CLOY, LARRY
Address: 2033 RIVERS OWN RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: JANZ, LAURIE
Address: 1061 WINTERHAWK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: LUNDQUIST, KAREN
Address: 242 ORCHIS RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: YELVINGTON, ROY
Address: 106 ANDERSON ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: DT () Change (X) Addition
Name: BLALOCK, CHERYL
Address: 2248 TWIN FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

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: CHERYL BLALOCK

DT

03/30/2009

Electronic Signature of Signing Officer or Director

Date