2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 04, 2005 8:00 am **Secretary of State DOCUMENT # N97000003786** 03-04-2005 90092 011 ****61.25 ST. AUGUSTINE/KETTERLINUS HIGH SCHOOL ALUMNI ASSOCIATION, INC. Mailing Address Principal Place of Business 50022490 PMB 237 9 EAST LAKE SAINT AUGUSTINE, FL 32084 3501-B N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32087 2. Principal Place of Business 3. Mailing Address 19 RIBERIA Suite, Apt. #, etc. Suite, Apt. #, etc. 02112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3458453 Applied For ST. AUGUSTINE , FL Not Applicable, Zip Country \$8.75 Additional 5. Certificate of Status Desired 32084 32084 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOSEPH L. Bouts O'CONNELL, CPA, W. H. Street Address (P.O. Box Number is Not Acceptable) 2200 N. PONCE DE LEON BLVD. #10 SAINT AUGUSTINE, FL 32084 Zip Code AUGUSTINE 32084 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE d agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete MIGRON, TAMI DAVIS DAWN NAME NAME 56 ANASTASIA LAKES DRIVE STREET ADDRESS STREET ADDRESS 34 BAY VIEW HEINE SAINT AUGUSTINE, FL 32080 CITY-ST-ZIP CITY-ST-ZIP Delete DAVIS, BRADLEY SCHOUDER, CHERYL NAME NAME 3777 OLD LEWIS SPEEDWAY STREET ADDRESS STREET ADDRESS 34 BAY VIEW CITY-ST-ZIP SAINT AUGUSTINE, FL -32084 CITY_ST_ZIP_ TITLE ☐ Delete TITI F BADGER, SHARON 2725 SOUTH COLLINS AVE. JARRIEL, ROSE M NAME NAME 100 NESMITH STREET STREET ADDRESS STREET ADDRESS ST. AUGUSTINE, FL 32095 CITY-ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 TITE F DΤ □ Delete TITI F ☐ Change ☐ Addition PONCE, LOLA NAME NAME STREET ADDRESS 27 SYLVAN DR STREET ADDRESS SAINT AUGUSTINE, FL 32084 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITI F TITLE FACEMIRE-HOOPER, CAROL NAME NAME 9:EAST-LANE - ------STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL 32084 CITY-ST-ZIP .3.

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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

ARNETT, GLENN

32600 KING AVE.

SAINT AUGUSTINE, FL 32086

NAME

STREET ADDRESS

CITY-ST-ZIP-

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