


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90115 017 ****61.25

DOCUMENT # N97000003786

1. Entity Name
ST. AUGUSTINE/KETTERLINUS HIGH SCHOOL ALUMNI ASSOCIATION, INC.



Principal Place of Business
**19 RIBERIA ST
 SAINT AUGUSTINE, FL 32084**

Mailing Address
**PMB 237
 3501-B N. PONCE DE LEON BLVD
 SAINT AUGUSTINE, FL 32084**



01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3458453

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BOLES, JOSEPH L JR
 19 RIBERIA STREET
 SAINT AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name **BOLES, JOSEPH L, JR**

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

City **FL** Zip Code

← Please correct spelling. →

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 11, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DAWN A 34 BAY VIEW DRIVE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, BRADLEY K 34 BAY VIEW DRIVE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRIEL, ROSE M 100 NESMITH STREET SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PONCE, LOLA 27 SYLVAN DR SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FACEMIRE-HOOPER, CAROL 9 EAST LANE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARNETT, GLENN 32600 KING AVE. SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/S/T DAVIS, BRADLEY K, 34 BAY VIEW DRIVE ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D PONCE, LOLA 27 SYLVAN DRIVE ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D/P ARNETT, GLENN 32600 KING AVE. ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bradley K Davis **BRADLEY K DAVIS** 1/17/06 904819-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#N 97000003786

40004934

Florida Department of State
Division of Corporations
2006 Not-For-Profit Corporation Annual Report

Re: St. Augustin/Ketterlinus High School Alumni Association, Inc.
Document # N97000003786
Federal ID # 59-3458453

Line 11 - Additions to Officers and Directors in 10.

Title: D/V
Name Wiles, Doug
Street Address 405 Night Hawk Lane
City-St-Zip St. Augustine, FL 32086

Title: D
Name Triay, Mary
Street Address 55 Fullerwood Drive
City-St-Zip St. Augustine, FL 32084

Title: D
Name Badger, Sharon
Street Address 2725 S Collins Avenue
City-St-Zip St. Augustine, FL 32095