## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003786

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business:		New Princip	New Principal Place of Business:	
17 PACIFI SUITE A	C STREET			
	IGUSTINE, FL 32084			
Current Mailing Address:		New Mailing	New Mailing Address:	
PMB 237 3501-B N. PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084		SUITE A	17 PACIFIC STREET SUITE A SAINT AUGUSTINE, FL 32084	
FEI Number	: 59-3458453 FEI Number Applied For ( ) FEI	Number Not Applica	able ( ) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and A	Address of New Registered Agent:	
19 RIBER	OSEPH, JR. L IA STREET IGUSTINE, FL 32084 US			
	e named entity submits this statement for the purpose of Florida.	se of changing its	registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete CRAIG, COREY L 7701 TIMBERLIN PRK BLV D 713 JACKSONVILLE, FL 32256	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( ) Delete DAVIS, BRADLEY K 34 BAY VIEW DRIVE SAINT AUGUSTINE, FL 32084	Name: I Address: 3	DP (X) Change()Addition DAVIS, BRADLEY K 34 BAY VIEW DRIVE SAINT AUGUSTINE, FL 32084	
Title: Name: Address: City-St-Zip:	D ( ) Delete JARRIEL, ROSE M 100 NESMITH STREET SAINT AUGUSTINE, FL 32084	Name: Name:	DV (X) Change()Addition WILES, DOUGLASS F 405 NIGHT HAWK LANE SAINT AUGUSTINE, FL 32080	
Title: Name: Address: City-St-Zip:	D () Delete PONCE, LOLA 27 SYLVAN DR SAINT AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Oity Ot Zip.		Title: I	DT (X) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete FACEMIRE-HOOPER, CAROL 9 EAST LANE SAINT AUGUSTINE, FL 32084	Address:	COX, LYNN 100 RIVER LANDING DRIVE SAINT AUGUSTINE, FL 32095	

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: BRADLEY K. DAVIS DP 04/29/2009