

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003786

FILED
Jan 13, 2010
Secretary of State

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

Current Principal Place of Business:

17 PACIFIC STREET
SUITE A
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

17 PACIFIC STREET
SUITE A
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3458453 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOLES, JOSEPH, JR. L
19 RIBERIA STREET
SAINT 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: DS
Name: CRAIG, COREY L
Address: 7701 TIMBERLIN PRK BLV D 713
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP
Name: DAVIS, BRADLEY K
Address: 34 BAY VIEW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DV
Name: WILES, DOUGLASS F
Address: 405 NIGHT HAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: PONCE, LOLA
Address: 27 SYLVAN DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT
Name: COX, LYNN
Address: 100 RIVER LANDING DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D
Name: DAVIS, CRAIG
Address: 7422 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY K DAVIS

DP

01/13/2010

Electronic Signature of Signing Officer or Director

_____ Date