

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001871

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** CHARACTER COUNTS OF ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

40 ORANGE STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

40 ORANGE STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3221115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIMARE, HELEN  
4160 CREEKBLUFF DRIVE  
ST. 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: CD ( ) Delete  
Name: DIMARE, HELEN  
Address: 4160 CREEKBLUFF DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VCD ( ) Delete  
Name: HORN, PATRICIA DR  
Address: 40 ORANGE STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD ( ) Delete  
Name: LEWIS, RICHARD ESQ  
Address: 780 N PONCE DE LEON BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete  
Name: PEMBERTON, CAROLYN  
Address: 40 ORANGE STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN PEMBERTON

TD

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date