2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N99000001871

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: CD (X) Change ( ) Addition
Name: HORN, PATRICIA DR.
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VCD (X) Change ( ) Addition
Name: HEIDENREICH, DENISE
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: DR. PATRICIA HORN CD 04/24/2007

Electronic Signature of Signing Officer or Director — Date