## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003783

FILED Mar 31, 2009 Secretary of State

Entity Name: ST. AUGUSTINE CENTRE TRANSPORTATION DEMAND MANAGEMENT ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

951 MARKET PROMENADE AVE 1431 ORANGE CAMP ROAD

STE 2105 SUITE 116

LAKE MARY, FL 32746 DELAND, FL 32724 US

Current Mailing Address: New Mailing Address:

951 MARKET PROMENADE AVE P.O. BOX 953544

STE 2105 LAKE MARY, FL 327953544 US LAKE MARY, FL 32746

FEI Number: 59-3621775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PHELPS, SPENCER
951 MARKET PROMENADE AVE
STE 2105

PHELPS, SPENCER
1431 ORANGE CAMP ROAD
SUITE 116

STE 2105 SUITE 116 LAKE MARY, FL 32746 US DELAND, FL 32724 US

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: SPENCER PHELPS 03/31/2009

Electronic Signature of Registered Agent Date

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

Title: PD () Delete Title: PD (X) Change () Addition

Name: CANNON, FRANK J Name: CANNON, FRANK J

Address: 951 MARKET PROMENADE AVE STE 2105 Address: 1431 ORANGE CAMP ROAD, SUITE 116

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: DELAND, FL 32724

Title: VPTD () Delete Title: VPTD (X) Change () Addition

Name: PHELPS, SPENCER Name: PHELPS, SPENCER

Address: 951 MARKET PROMENADE AVE STE 2105 Address: 1431 ORANGE CAMP ROAD, SUITE 116

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BAILEY, JOHN D JR
 Name:

 Address:
 780 NORTH PONCE DE LEON BLVD.
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:

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: SPENCER PHELPS VPTD 03/31/2009