

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 01, 2006
Secretary of State

DOCUMENT# N99000005035

Entity Name: ST. AUGUSTINE GROUP HOME, INC.**Current Principal Place of Business:**1735 ST RD. 16 SUITE 1
SAINT AUGUSTINE, FL 32084**New Principal Place of Business:****Current Mailing Address:**1735 ST RD. 16 SUITE 1
SAINT AUGUSTINE, FL 32084**New Mailing Address:****FEI Number:** 59-3590671**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORAN, SHANE
5155 US 1 S
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: PD () Delete
Name: SIMONE, CARL
Address: 527 LAKE RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: THORNWELL, JIM
Address: 683 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: THROWER, BILL
Address: 418 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: COLLINS, ALVIN
Address: 17 BUFFALO PLANES LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD/S (X) Change () Addition
Name: SIMONE, CARL
Address: 527 LAKE RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CARL SIMONE

SECY

09/01/2006

Electronic Signature of Signing Officer or Director

Date