

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005035

FILED
Jan 06, 2009
Secretary of State

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:

MORAN, SHANE
1735 SR 16
ST AUGUSTINE, FL 32084 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:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD/S () 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: () 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 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

PD/S

01/06/2009

Electronic Signature of Signing Officer or Director

Date