

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90099 008 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000006748 1. Entity Name THE ST. AUGUSTINE LIONS FOUNDATION, INC.					
Principal Place of Business PO BOX 860240 SAINT AUGUSTINE, FL 32086			Mailing Address PO BOX 860240 SAINT AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEARES, GALE 6412 PUTNAM STREET SAINT AUGUSTINE, FL 32080			Name Patrick D. Johnson Street Address (P.O. Box Number is Not Acceptable) 2401 Kacie Lane City St. Augustine FL Zip Code 32084		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Patrick D. Johnson</i></u> DATE <u>1/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PRICENOR, RONALD 639 ALEIDA DRIVE SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Paula Mc Nerney 376 Graciele Circle St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEARES, WILLIAM R 6412 PUTNAM STREET ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dominic Mercutio 2109 Marsh Hen St. St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP KOTRADY, GEORGE 932 OAK ARBOR CIRCLE SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Second Vice President Art Madore 662 St. George St. St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEARES, GALE D 6412 PUTNAM STREET SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Patrick Johnson 2401 Kacie Lane St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dominic Mercutio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/26/07</u> Daytime Phone # <u>904-824-4311</u>		