PALM COAST,	FL 32137					
Current Mai	ling Address:					
PO BOX 200 ST. AUGUS	03 TINE, FL 32085-2003 US					
FEI Number: 20-0727034			Certificate of Status Desired: Yes			
Name and Address of Current Registered Agent:						
DAMON, MICH 5000 YUKON E APT. 205 PALM COAST,	PRIVE					
		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.				
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.		
	d entity submits this statement for the purpose of changing its regis E: MICHELLE DAMON	stered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 02/14/2025		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tered office or regis	tered agent, or both, in the State of Flo.			
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo.	02/14/2025		
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo.	02/14/2025		
SIGNATURE Officer/Dire	MICHELLE DAMON     Electronic Signature of Registered Agent     ctor Detail :			02/14/2025		
SIGNATURE Officer/Dire	EIECTOR, PRESIDENT	Title	DIRECTOR, TREASURER	02/14/2025		
SIGNATURE Officer/Dire Title Name	EIECTOR, PRESIDENT STAN WATKINS 6953 CYPRESS SPRING CT.	Title Name	DIRECTOR, TREASURER CABAN, JAN 40 ORANGE ST	02/14/2025		
SIGNATURE Officer/Dire Title Name Address	EIECTOR, PRESIDENT STAN WATKINS 6953 CYPRESS SPRING CT.	Title Name Address	DIRECTOR, TREASURER CABAN, JAN 40 ORANGE ST	02/14/2025		
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	EIECTOR, PRESIDENT STAN WATKINS 6953 CYPRESS SPRING CT. ST. AUGUSTINE FL 32084	Title Name Address City-State-Zip:	DIRECTOR, TREASURER CABAN, JAN 40 ORANGE ST ST. AUGUSTINE B FL 32086	02/14/2025		

I hereby 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 all other like empowered.

### SIGNATURE: MICHELLE K DAMON

City-State-Zip: ST AUGUSTINE FL 32084

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: ST. AUGUSTINE FL 32086

Entity Name: PREVENTION COALITION OF ST. JOHN'S COUNTY, INC.

## **Current Principal Place of Business:**

5000 YUKON DRIVE APT. 205 PALM COAST EL 32137

# FILED Feb 14, 2025 **Secretary of State** 6037532144CC

Date