

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713873

FILED
Jul 23, 2004
Secretary of State**Entity Name:** ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.**Current Principal Place of Business:**1789 LAKESIDE AVE
ST. AUGUSTINE, FL 32084**New Principal Place of Business:****Current Mailing Address:**1789 LAKESIDE AVE
ST. AUGUSTINE, FL 32084**New Mailing Address:****FEI Number:** 59-2024315**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLANCHARD, MARIAN M
1789 LAKESIDE AVE
ST AUGUSTINE, FL 32084 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: P () Delete
Name: CHAPMAN, JOHN
Address: 6505 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PE () Delete
Name: BLALOCK, KEA
Address: 100 SOUTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: BENNETT, SHIRLEY
Address: 3505 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: BIRCHALL, ANDREW
Address: 2 VALENCIA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: DELANEY, KATHERINE
Address: 2820 A US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: DELORENZO, MICHAEL
Address: 2798 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLALOCK, KEA
Address: 100 SOUTH PARK BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PE (X) Change () Addition
Name: EVANS, JOHN
Address: 6505 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: GOLL, BARBARA
Address: 6045 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: HAYNES, GEORGE
Address: 3545 U.S. 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

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 Section 119.07(3)(i), 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: KEA BLALOCK

P

07/23/2004

Electronic Signature of Signing Officer or Director

Date