

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 014 ****70.00

DOCUMENT # N01000006140 1. Entity Name ST. AUGUSTINE OFFICERS' CLUB, INC.					
Principal Place of Business 82 MARINE ST ST AUGUSTINE, FL 32084			Mailing Address 82 MARINE ST ST AUGUSTINE, FL 32084		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JOHNS, RALPH K 4236 BRADFISCH LANE SAINT AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD JOHNS, RALPH R COL. 4236 BRADFISCH LANE SAINT AUGUSTINE, FL 32086 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, SAL CW5. 2610 HILL TOP ROAD SAINT AUGUSTINE, FL 32086 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEORGE A. JACOB 272 Sea Woods DRIVE NORTH ST. AUGUSTINE FL 32080-6451 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANTZ, DONNA K 6409 PINE CIRCLE WEST SAINT AUGUSTINE, FL 32095 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PONCE, DONNA J 1705 BENNETT RD SAINT AUGUSTINE, FL 32092 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Donna J Ponce</u> <u>DONNA J PONCE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11 Feb 04 904 823-0410 Date Daytime Phone #		