

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008689

FILED
Jan 26, 2008
Secretary of State

Entity Name: ST. AUGUSTINE HISTORIC INNS, INC.

Current Principal Place of Business:

79 CEDAR STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

79 CEDAR STREET
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 04-3637581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JACK
79 CEDAR STREET
SAINT 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: PRES () Delete
Name: MARTIN, JACK
Address: 79 CEDAR STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP () Delete
Name: JOHNSON, JOHN
Address: 70 CUNA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TRES () Delete
Name: PHILCOX, JAMES
Address: 115 CORDOVA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: SEC () Delete
Name: BREZING, DAVE
Address: 7 CINCINNATI AVE
City-St-Zip: ST SUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: KALIETA, DANIEL
Address: 38 CORDOVA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: SEC (X) Change () Addition
Name: TERRELL, GLENA
Address: 87 CEDAR STREET
City-St-Zip: ST SUGUSTINE, FL 32084

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: DANIEL A KALIETA

TRES

01/26/2008

Electronic Signature of Signing Officer or Director

Date