

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 MAY - 1 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06355** (4)

1. Corporation Name

ST. AUGUSTINE SOCIETY, INC.



Principal Place of Business

Mailing Address

70 WASHINGTON ST.
P. O. BOX 3925
ST. AUGUSTINE FL 32085

70 WASHINGTON ST.
P. O. BOX 3925
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified
11/28/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-2475614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUGGER, JANET
9 GRANDVIEW RD.
ST. AUGUSTINE FL 32084**

81 Name **Don Nelson** **400001816264**
82 Street Address (P.O. Box Number is Not Acceptable) **123 Rio Del Mar** **05/10/96-01024-003** *******61.25 *****61.25**
83
84 City **St. Augustine** **FL** 85 Zip Code **32084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Donald Nelson
Signature, typed or printed name of registered agent and title if applicable

Donald Nelson, President
(NOTE: Registered Agent signature required when re-stating)

4/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUGGER, JANET	
STREET ADDRESS	P.O. BOX 1929 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, DON	
STREET ADDRESS	123 RIO DEL MAR	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALANTOWICZ, DEENA	
STREET ADDRESS	506 B STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRITSCH, JOHN	
STREET ADDRESS	849 RITA CIR	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADDOCK, PAUL	
STREET ADDRESS	P.O. BOX 969 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, LINDA	
STREET ADDRESS	131 KINGS FERRY WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Antle, Norm	
1.3 STREET ADDRESS	516 Jeffrey Dr.	
1.4 CITY-ST-ZIP	St. Augustine, FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nelson, Don	
2.3 STREET ADDRESS	123 Rio Del Mar	
2.4 CITY-ST-ZIP	St. Augustine, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brown, Cathy	
3.3 STREET ADDRESS	P. O. Box 3988	(N/A)
3.4 CITY-ST-ZIP	St. Augustine, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lyonais, Priscilla	
4.3 STREET ADDRESS	354 Jardine Ave.	
4.4 CITY-ST-ZIP	St. Augustine, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jackson, Thomas	
5.3 STREET ADDRESS	917 Chippewa St.	
5.4 CITY-ST-ZIP	St. Augustine, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Priscilla Lyonais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Priscilla J. LYONAIS **4/25/96** **(904) 829-8437**
Date Daytime Phone #

TREASURER

CR2E037 (12/95)