


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N06355** (4)  
1. Corporation Name  
**ST. AUGUSTINE SOCIETY, INC.**



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| Principal Place of Business<br><b>70 WASHINGTON ST.<br/>P. O. BOX 3925<br/>ST. AUGUSTINE FL 32085</b> | Mailing Address<br><b>70 WASHINGTON ST.<br/>P. O. BOX 3925<br/>ST. AUGUSTINE FL 32085-3925</b> |
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| 3. Date Incorporated or Qualified<br><b>11/28/1984</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
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| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 4. FEI Number<br><b>59-2475614</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent<br><b>NELSON, DON<br/>123 RIO DEL MAR<br/>ST. AUGUSTINE FL 32084</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>ANTLE, NORM<br/>516 JEFFREY DR.<br/>ST. AUGUSTINE FL</b> <input type="checkbox"/> DELETE                | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>NELSON, DON<br/>123 RIO DEL MAR<br/>ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>VD<br/>BILL WEDENFELLER<br/>528 WILLOW WALK PLACE<br/>ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BROWN, CATHY<br/>P.O. BOX 3988, N/A<br/>ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>SD<br/>ANN SCOFIELD<br/>203 MAPLE ROAD<br/>ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>LYONAI, PRISCILLA<br/>354 JARDINE AVENUE<br/>ST. AUGUSTINE FL</b> <input type="checkbox"/> DELETE       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>TD<br/>5925 RIO ROYALE ROAD<br/>32086</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JACKSON, THOMAS<br/>917 CHIPPEWA ST.<br/>ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>D<br/>MIKE HOUSE<br/>287 S. MATANZAS<br/>ST. AUGUSTINE, FL 32084</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JAMES, LINDA<br/>131 KINGS FERRY WAY<br/>ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>D<br/>THOMAS JACKSON<br/>917 CHIPPEWA ST.<br/>ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |

14. I do 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 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: *[Signature]* **UNRECORDED** 4/29/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001437

CR2E037 (9/96)