

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N06355 (4)**

1. Corporation Name  
**ST. AUGUSTINE SOCIETY, INC.**



|   |   |
|---|---|
| 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</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>11/28/1984</b> |
| 4. FEI Number<br><b>59-2475614</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip Country                | 28. Zip Country         |
| 24. Zip Country                | 29. Zip Country         |
| 25. Zip Country                | 30. Zip Country         |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**NELSON, DON  
123 RIO DEL MAR  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

|   |                               |
|---|-------------------------------|
| 81 Name   | <b>EDWARD ATKINS</b>          |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>3628 CRAZY HORSE TRAIL</b> |
| 83  |                               |
| 84 City   | <b>St. Augustine FL</b>       |
| 85 Zip Code   | <b>32086</b>                  |

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 *Edward Atkins* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD<br>ANTLE, NORM                         | 1.1 TITLE   | PD<br>ATKINS, ED                                     |
| NAME                       | 516 JEFFREY DR.<br>ST. AUGUSTINE FL       | 1.2 NAME  | P.O. BOX 861028 N/A<br>ST. AUGUSTINE, FL 32086       |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD<br>WEDENFELLER, BILL                   | 2.1 TITLE   | VD<br>BURKS, REV. JAMES                              |
| NAME                       | 528 WILLOW WALK PLACE<br>ST. AUGUSTINE FL | 2.2 NAME  | 97 EVERGREEN<br>ST. AUGUSTINE, FL 32095-3351         |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD<br>SCOFIELD, ANN                       | 3.1 TITLE   | SD<br>JENKINS, TAMMY A.                              |
| NAME                       | 203 MAPLE RD<br>ST. AUGUSTINE FL          | 3.2 NAME  | 29 RIVER ROAD<br>ST. AUGUSTINE, FL 32095-4132        |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD<br>LYONAI, PRISCILLA                   | 4.1 TITLE   | TD<br>PETERS, CAROL L.                               |
| NAME                       | 5925 RIO ROYALE RD<br>ST. AUGUSTINE FL    | 4.2 NAME  | 1216 CREEKBEND RD.<br>JACKSONVILLE, FL 32259-2923    |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>HOUSE, MIKE                          | 5.1 TITLE   | D<br>LARUE, GINNY                                    |
| NAME                       | 287 S. MATANZAS<br>ST. AUGUSTINE FL       | 5.2 NAME  | 5042 ATLANTIC VIEW<br>ST. AUGUSTINE, FL 32084-7140   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>JACKSON, THOMAS                      | 6.1 TITLE   | D<br>LYONAI, ART                                     |
| NAME                       | 917 CHIPPEWA ST<br>ST. AUGUSTINE FL       | 6.2 NAME  | 5925 RIO ROYALE ROAD<br>ST. AUGUSTINE, FL 32084-6324 |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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: *Edward Atkins* 4-28-98 794-2012

CP2E037 (10/97)

ST. AUGUSTINE SOCIETY, INC.  
59-2475614

ADDITIONAL MEMBERS - BOARD OF DIRECTORS

D  
MILLS, SUSAN  
P. O. BOX 1630 N/A  
ST. AUGUSTINE, FL 32085-1630

D  
TETTA, AL  
195 LAGUNA COURT  
ST. AUGUSTINE, FL 32086-7054

D  
DECT, BARRY FOX  
% ST. AUGUSTINE POLICE DEPT  
151 KING STREET  
ST. AUGUSTINE, FL 32084

D  
GORMLEY, BARBARA  
28 SANTIAGO COURT  
ST. AUGUSTINE, FL 32086-7681

D  
HOUSE, MICHAEL  
287 SOUTH MATANZAS BLVD.  
ST. AUGUSTINE, FL 32084-4541

D  
ROBERTS, REV. DANIEL  
7485 COWPEN ROAD  
ELKTON, FL 32033

D  
TRISCHETT, MAUREEN  
506 LAKEWAY DRIVE  
ST. AUGUSTINE, FL 32084-9168

D  
DAVIS, THOMAS B.  
P. O. BOX 1796  
ST. AUGUSTINE, FL 32085-1796

D  
HODGES, HARUM  
5859-K CAPO ISLAND ROAD  
ST. AUGUSTINE, FL 32095-9629

D  
KEMP, REV. KELLY  
3623 PEYTON CIRCLE  
ST. AUGUSTINE, FL 32086