

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90217 032 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N06355

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

Principal Place of Business: 70 WASHINGTON ST. P. O. BOX 3925 ST. AUGUSTINE FL 32085  
 Mailing Address: 70 WASHINGTON ST. P. O. BOX 3925 ST. AUGUSTINE FL 32085



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/28/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2475614	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATKINS, EDWARD 3628 CRAZY HORSE TRL ST. AUGUSTINE FL 32084				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, ED	1.2 NAME	
STREET ADDRESS	P.O. BOX 861028 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKES, JAMES	2.2 NAME	
STREET ADDRESS	97 EVERGREEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, TAMMY A	3.2 NAME	
STREET ADDRESS	29 RIVER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, CAROL L	4.2 NAME	
STREET ADDRESS	1216 CREEKBEND RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARUE, GINNY	5.2 NAME	Alfonse Tetta
STREET ADDRESS	5042 ATLANTIC VIEW	5.3 STREET ADDRESS	195 Laguna Ct.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONAS, ART	6.2 NAME	
STREET ADDRESS	5925 RIO ROYALLE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 4/29/99 Daytime Phone #: (904) 829-8937

CR2E037 (11/98)