


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90016 010 \*\*\*\*61.25

**DOCUMENT # N06355**  
**1. Entity Name**  
**ST. AUGUSTINE SOCIETY, INC.**



**Principal Place of Business**  
 70 WASHINGTON ST.  
 ST. AUGUSTINE, FL 32085

**Mailing Address**  
 P.O. BOX 861028  
 ST AUGUSTINE, FL 32080

44032041



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

08032004 Chg-NP CR2E037 (10/03)

**City & State**

**Zip** **Country**

**4. FEI Number**  
 59-2475614

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

EBERLING, ROBERT A  
 1400 OLD DIXIE HWY STE E  
 SAINT AUGUSTINE, FL 32086

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

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

**Filing Fee is \$61.25 Due by September 8, 2004**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PA	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, ROBERT	
STREET ADDRESS	2244 COMMODORES CLUB BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASTL, SHARMAN	
STREET ADDRESS	1481 STOCKBRIDGE LN	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHIPMAN, YVONNE	
STREET ADDRESS	5400 ATLANTIC VIEW	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAULDING, SHARON	
STREET ADDRESS	32 DOLPHIN DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, OLIVER	
STREET ADDRESS	85 MARTIN LUTHER KING JR AVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, CARL	
STREET ADDRESS	598 ALHAMBRA LN N	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Dave	
STREET ADDRESS	906 Redbud Trail	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARS, Mary L'Engle	
STREET ADDRESS	714 SAEO COURT	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Sharmar Bastl Sharmar Bastl* **(904) 824-2432**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #