

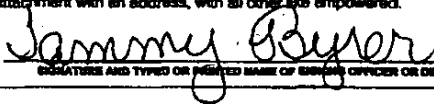


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 004 ****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	
2. Principal Place of Business 70 Washington St.		3. Mailing Address P.O. Box 861028	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, Fl		City & State St. Augustine, Fl	
Zip 32084	Country	Zip 32086	Country
4. FEI Number 59-2475614		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EBERLING, ROBERT A 1400 OLD DIXIE HWY STE E SAINT AUGUSTINE, FL 32086		Name Eberling, Robert	
		Street Address (P.O. Box Number is Not Acceptable) 107 Suite	
		1797 Old Moultrie Rd.	
		City St. Augustine	FL Zip Code 32084
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: 		DATE: 2/15/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	KUHL, BETSY <input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUHL, BETSY	688 TREEHOUSE CIR SAINT AUGUSTINE, FL 32086	NAME Troy Blevins	112 Drake Rd. St. Augustine, Fl 32086
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	HOWARD, CYNTHIA <input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, CYNTHIA	4501 GOLF RIDGE DR ELIKTON, FL 32033	NAME Kuhl, Betsy	688 Treehouse Cir. St. Augustine, Fl 32095
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	MORRIS, RENE <input type="checkbox"/> Delete	TITLE ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORRIS, RENE	P O BOX 861008 SAINT AUGUSTINE, FL 32080	NAME Tammy Byrer	280 Johns Glen Jacksonville, Fl 32259
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	SEARS, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEARS, MARY	714 SACO COURT SAINT AUGUSTINE, FL 32086	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered.			
SIGNATURE: 		DATE: 02/24/2006 (904)829-8937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR		DATE	

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