

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06355

FILED
Jul 04, 2007
Secretary of State

Entity Name: ST. AUGUSTINE SOCIETY, INC.

Current Principal Place of Business:

70 WASHINGTON ST.
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

70 WASHINGTON ST.
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O.BOX 861028
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2475614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EBERLING, ROBERT A
1797 OLD MOULTRIE ROAD
SUITE 107
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLEVINS, TROY
Address: 112 DRAKE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: KUHL, BETSY
Address: 688 TREEHOUSE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: S () Delete
Name: MORRIS, RENE
Address: P O BOX 861008
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: SEARS, MARY
Address: 714 SACO COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ED () Delete
Name: BYRER, TAMMY
Address: 280 JOHNS GLEN
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CUNNINGHAM, JOHN
Address: 70 WASHINGTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: CARLIN, ANN
Address: 280 JOHNS GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T (X) Change () Addition
Name: STANISH, STACEY
Address: 70 WASHINGTON AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ED (X) Change () Addition
Name: MORRIS, RENEE
Address: 825 ALHAMBRA AVENUE
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE MORRIS

ED

07/04/2007

Electronic Signature of Signing Officer or Director

_____ Date