

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06355

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: ST. AUGUSTINE SOCIETY, INC.

**Current Principal Place of Business:**

70 WASHINGTON ST.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 861028  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

P.O.BOX 1775  
ST AUGUSTINE, FL 32085

FEI Number: 59-2475614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: CUNNINGHAM, JOHN  
Address: 70 WASHINGTON STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: S (X) Change ( ) Addition  
Name: GORSKI, DIANE  
Address: 813 MARIAM ELIAS WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

01/08/2008

Electronic Signature of Signing Officer or Director

Date