

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006232

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** UF HISTORIC ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

48 KING STREET  
GOVERNMENT HOUSE  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 113100  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 326113100 US

**New Mailing Address:**

**FEI Number:** 27-4751236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, MICHAEL W  
ROOM 123, TIGERT HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 326113125 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: DCP  
Name: LASTINGER, ALLEN  
Address: GOVERNMENT HOUSE, 48 KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DVC  
Name: HUNT, ROY  
Address: GOVERNMENT HOUSE, 48 KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D  
Name: DEAGAN, KATHLEEN  
Address: GOVERNMENT HOUSE, 48 KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D  
Name: GANNON, MICHAEL  
Address: GOVERNMENT HOUSE, 48 KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D  
Name: PONCE, DANIEL  
Address: GOVERNMENT HOUSE, 48 KING STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: TS  
Name: POPPELL, ED  
Address: 747 SW 2ND AVENUE IMB # 49  
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby 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 all other like empowered.

SIGNATURE: ED POPPELL

DIR

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date