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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004336 (2)

1. Corporation Name

ST. JOHNS COUNTY VISITORS AND CONVENTION BUREAU, INC.



Principal Place of Business

Mailing Address

4125 COASTAL HIGHWAY  
ST. AUGUSTINE FL 32095

88 RIBERIA STREET  
SUITE 250  
ST. AUGUSTINE FL 32084-4304

3. Date Incorporated or Qualified  
09/12/1995

3a. Date of Last Report  
07/16/1996

2. Principal Place of Business

2a. Mailing Address

21 SJC Visitors & Conven.  
Suite, Apt. #, etc. Bureau

26 Suite, Apt. #, etc.

22 88 Riberia St. #250  
City & State

27 City & State

23 St. Augustine, FL

28 City & State

24 Zip 32084 Country USA

29 Zip Country

4. FEI Number  
59-3335084

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

USINA, FRANK  
4125 COASTAL HIGHWAY  
ST. AUGUSTINE FL 32095

81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCIGUERRA, MARK	1.2 NAME	Craig, Sandy
STREET ADDRESS	1000 TPC BLVD.	1.3 STREET ADDRESS	1737 Santander Street
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY - ST - ZIP	St. Augustine, FL 32084
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHETSTONE, VIRGINIA	2.2 NAME	
STREET ADDRESS	138 AVENIDA MENEDEZ	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, NANCY	3.2 NAME	
STREET ADDRESS	2700 SR. 16, STE. 200	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32092	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USINA, FRANK	4.2 NAME	
STREET ADDRESS	4125 COASTAL HIGHWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97  
Date

Daytime Phone # 0001311

CP2E037 (9/96)