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Jan 23, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-23-1999 90021 030 \*\*\*\*\*61.25

DOCUMENT # N95000004336

1. Corporation Name

ST. JOHNS COUNTY VISITORS AND CONVENTION BUREAU, INC.

Principal Place of Business

SJC VISITORS & CONVEN BUREAU  
88 RIBERIA ST 250  
ST. AUGUSTINE FL 32084  
US

Mailing Address

88 RIBERIA STREET  
SUITE 250  
ST. AUGUSTINE FL 32084



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/12/1995

22 City & State

27 City & State

4. FEI Number  
59-3335084

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHETSTONE, VIRGINIA  
2 N AUGUSTINE BLVD  
ST. AUGUSTINE FL 32084

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  DELETE  
NAME D  
CRAIG SANDY  
STREET ADDRESS 1737 SANTANDER ST  
CITY-ST-ZIP ST AUGUSTINE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
WHETSTONE, VIRGINIA  
STREET ADDRESS 138 AVENIDA MENEDEZ  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
BRENNAN, NANCY  
STREET ADDRESS 2700 SR. 16, ATE. 200  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
USINA, FRANK  
STREET ADDRESS 4125 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
EDWARDS, PAGE  
STREET ADDRESS 40 RIO VISTA DR  
CITY-ST-ZIP ST AUGUSTINE FL 32095

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)