

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004336

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ST. JOHNS COUNTY VISITORS AND CONVENTION BUREAU, INC.

**Current Principal Place of Business:**

SJC VISTORS & CONVEN BUREAU  
88 RIBERIA ST., SUITE 400  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

SJC VISTORS & CONVEN BUREAU  
88 RIBERIA ST., SUITE 400  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

SJC VISTORS & CONVEN BUREAU  
88 RIBERIA ST., SUITE 400  
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-3335084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HASTINGS, GLENN EXECUTI  
88 RIBERIA STREET  
SUITE 400  
ST. 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: CHAI ( ) Delete  
Name: BAIRD, JOHN  
Address: 95 VILAON RD.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VC ( ) Delete  
Name: IRVING, KASS  
Address: 887 GARRISON DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: COX, CHARLES G  
Address: 7 LAKESHORE DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Delete  
Name: FRASER, JOHN  
Address: 88 RIBERIA STREET, SUITE 400  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

Title: CHAI (X) Change ( ) Addition  
Name: KASS, IRVING  
Address: 887 GARRISON DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T (X) Change ( ) Addition  
Name: COX, CHARLES  
Address: 7 LAKESHORE DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition  
Name: FRASER, JOHN  
Address: 11 MAGNOLIA AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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: GLENN HASTINGS

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date