

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004336

FILED
Mar 24, 2011
Secretary of State

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

Current Principal Place of Business:

29 OLD MISSION AVENUE
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

29 OLD MISSION AVENUE
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3335084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDMAN, RICHARD B
29 OLD MISSION AVENUE
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: TRE
Name: ROBERT, O'NEILL
Address: 32 AVENIDA MENENDEZ
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T
Name: MARIOTTI, DAVID
Address: 607 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: C
Name: FRASER, JOHN
Address: 11 MAGNOLIA AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VC
Name: O'NEIL, ROBERT
Address: 32 AVENIDA MENEDEZ
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S
Name: KLINKENBERG, TINA
Address: 541 A1A BEACH BLVD.
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

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: RICHARD GOLDMAN

DIR

03/24/2011

Electronic Signature of Signing Officer or Director

Date