

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004336

FILED
Jan 09, 2012
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 ()**

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: CHR
Name: ROBERT, O'NEILL
Address: 32 AVENIDA MENENDEZ
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

Title: TRE
Name: KLINKENBERG, TINA
Address: 541 A1A BEACH BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S
Name: OLIASOMI, JEFFREY
Address: 500 SOUTH LEGACY TRAIL
City-St-Zip: ST. AUGUSTINE BEACH, FL 32092

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

EXEC

01/09/2012

Electronic Signature of Signing Officer or Director

Date