2006 NOT-FOR-PROFIT CORPORATION

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90037 008 ****61.25

1. Entity Nam	MENT # N99000002 NS COUNTY CULTURAL C								1.23	
Principal Place of Business 370 A1A BEACH BLVD ST. AUGUSTINE, FL 32080 US		Mailing Address P.O. BOX 840145 ST AUGUSTINE, FL 32080				60004593				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006 C	hg-NP	CR2E03	37 (11/05)		
City & State		City & State		4. FEI Number 59-358120	9			oplied For ot Applicable		
Zip Country		Zip	Country		5. Certificate of St	tatus Desired		\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New	Registered /	Agent		
WILLIAMS	S, BECKY			Name V		E.Ro		Δ,		
330 MONIKA PLACE				Street Addre	ess (P.O. Box Number is i	(P.O. Box Number is Not Acceptable)				
S1. AUGU	ISTINE, FL 32080			7/	SHRUFIFE	C D/C				
				City ST	AUGUSTIN	E	FL	Zip Cod	080	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or reg	gistered agent, or both, in	the State of F	Porida. Lami	familiar with,	and accept	
the obligat		0								
SIGNATURE .	- 7	. Kowlan	<u>a</u>				1-18	-06		
	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name of registered agent	and little if applicable. (NOT					DATE	payable to	o	
			npaign F	inancing _	\$5.00 May Be Added to Fees		DATE Make check orida Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Car Trust Fund (mpaign F Contributi	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	orida Depart	tment of SI	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

904-471-8409 1-20-06 Daytime Phone #