

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90037 008 ****61.25

60004593



01122006 Chg-NP CR2E037 (11/05)

DOCUMENT # N99000002964			
1. Entity Name ST. JOHNS COUNTY CULTURAL COUNCIL, INC.			
Principal Place of Business 370 A1A BEACH BLVD ST. AUGUSTINE, FL 32080 US		Mailing Address P.O. BOX 840145 ST AUGUSTINE, FL 32080	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3581209		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, BECKY 330 MONIKA PLACE ST. AUGUSTINE, FL 32080		Name VIRGINIA E. ROWLAND Street Address (P.O. Box Number is Not Acceptable) 41 SANDPIPER DR City ST AUGUSTINE FL Zip Code 32080	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Virginia E. Rowland</i>		DATE 1-18-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BECKY 330 MONIKA PLACE ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIRGINIA E. ROWLAND 41 SANDPIPER DR ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID 44 ANDALUSIA COURT ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWLAND, VIRGINIA 41 SANDPIPER DR ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TOM BLEDSOE 31 COLONY ST ST AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LES 32 CORDOVA STREET SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCALOON, MANDEE 46 SURF DRIVE ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, MARY 356 OCEAN TRACE ROAD ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Virginia E. Rowland</i>		DATE 1-20-06 Daytime Phone # 904-471-8409	