
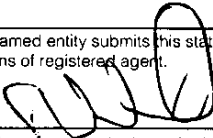



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 024 ****70.00

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ROWLAND, VIRGINIA E 41 SANDPIPER DR SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name <u>Philip McDaniel</u> Street Address (P.O. Box Number is Not Acceptable) <u>51 Water St</u> City <u>St. Augustine</u> FL Zip Code <u>32084</u>	
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 		<u>Philip McDaniel, President</u>		<u>1-30-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, VIRGINIA E		NAME	Philip McDaniel	
STREET ADDRESS	41 SANDPIPER DR		STREET ADDRESS	51 Water St	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, Fl. 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DAVID		NAME	Karen Jurgensen	
STREET ADDRESS	44 ANDALUSIA COURT		STREET ADDRESS	28 E Park Ave	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	St. Augustine Fl. 32084	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEDSON, TOM		NAME	Jean Rahner	
STREET ADDRESS	31 COLONY ST		STREET ADDRESS	67 Lighthouse Ave	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	St. Augustine Fl. 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LES		NAME		
STREET ADDRESS	32 CORDOVA STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALOON, MANDEE		NAME	Mandee McAlloon	
STREET ADDRESS	46 SURF DRIVE		STREET ADDRESS	5901 Rio Roualle Rd	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine Fl. 32080	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Treasurer		<u>1-30-08 (904) 824-5600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Mandee D. McAlloon					

40020000



02012008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3581209 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE:  Philip McDaniel, President 1-30-08

Filing Fee is \$61.25 Due by May 1, 2008

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SIGNATURE:  Treasurer 1-30-08 (904) 824-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mandee D. McAlloon