

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005334

Entity Name: ST. AUGUSTINE MARITIME HERITAGE FOUNDATION, INC.**Current Principal Place of Business:**

%ST. AUGUSTINE LIGHTHOUSE AND MUSEUM
81 LIGHTHOUSE AVE
ST AUGUSTINE, FL 32080

Current Mailing Address:

POST OFFICE BOX #4363
ST AUGUSTINE, FL 32085 US

FEI Number: 27-2788483**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

KEISER, MAURICE R
329 VALVERDE LANE
ST AUGUSTINE, FL 32086 US

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

Officer/Director Detail :

Title PD
Name KEISER, MAURICE R
Address 329 VALVERDE LANE
City-State-Zip: STA AUGUSTINE FL 32086

Title VPD
Name JAEGER, ROY H
Address 329 VALVERDE LANE
City-State-Zip: STA AUGUSTINE FL 32086

Title TD
Name COSTELLO, JOSEPH W
Address 727 VICAYA BLVD
City-State-Zip: ST AUGUSTINE FL 32086

Title D
Name TURNER, SAM
Address %ST. AUGUSTINE LIGHTHOUSE AND
MUSEUM
81 LIGHTHOUSE AVE
City-State-Zip: ST AUGUSTINE FL 32080

Title D
Name KEATING, CHRISTOPHER
Address 116 HERCULES ROAD
City-State-Zip: ST. AUGUSTINE FL 32086

Title DSEC
Name ALLEN, LINDA
Address 24 VERONESE CT
City-State-Zip: ST. AUGUSTINE FL 32086

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: LINDA R ALLEN**DSEC****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date