

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700159

(7)

1. Corporation Name

THE ST. AUGUSTINE ART ASSOCIATION

Principal Place of Business

Mailing Address

22 MARINE ST
ST. AUGUSTINE FL 32084

22 MARINE ST
ST. AUGUSTINE FL 32084

FILED
Feb 16, 1996 08:00 AM
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1959		3a. Date of Last Report 04/12/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0719524		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		30 Country	
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALER, RICHARD L., JR.
118 NAUTILUS ROAD
ST. AUGUSTINE FL 32086

864 White Eagle Circle

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Richard L. Waler, Jr.*

(NOTE: Registered Agent signature required when reinstating)

2-9-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	
NAME	WEEKS, LEN	1.2 NAME	
STREET ADDRESS	62 HYPOLITA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MURPHREE, ALICE	2.2 NAME	
STREET ADDRESS	6896 A AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HORVATH, ROXANNE	3.2 NAME	
STREET ADDRESS	133 MARINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	WALER, RICHARD L.	4.2 NAME	
STREET ADDRESS	118 NAUTILUS ROAD	4.3 STREET ADDRESS	864 White Eagle Circle
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice H. Murphree, 1st Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

904 471-5486

Daytime Phone #

CR2E037 (12/95)