

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90028 005 ****70.00

DOCUMENT # 700159

1. Corporation Name

THE ST. AUGUSTINE ART ASSOCIATION

Principal Place of Business

22 MARINE ST
ST. AUGUSTINE FL 32084

Mailing Address

22 MARINE ST
ST. AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/17/1959

4. FEI Number

59-0719524

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WALER, RICHARD L., JR.
864 WHITE EAGLE CIRCLE
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLERT, ROBERT B.	
STREET ADDRESS	5167 HOLLY RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MURPHREE, ALICE	
STREET ADDRESS	6896 A AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEPASQUALE, SHIRLEY	
STREET ADDRESS	5500 ATLANTIC VIEW	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALER, RICHARD L.	
STREET ADDRESS	864 WHITE EAGLE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUPPER, RICHARD	
STREET ADDRESS	P. O. BOX 164 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALL, KEITH	
STREET ADDRESS	30 RONDE AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert B. Ellert	
1.3 STREET ADDRESS	48 Sevilla St.	
1.4 CITY-ST-ZIP	St. Augustine, FL 32084-3536	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Geraldine Rasey	
2.3 STREET ADDRESS	308 3rd St. North Beach	
2.4 CITY-ST-ZIP	St. Augustine, FL 32095-1312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cable Spence	
5.3 STREET ADDRESS	445 Bay Point way N	
5.4 CITY-ST-ZIP	Jacksonville, FL 32259-7908	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-99

904 824 -0167

Date

Daytime Phone #

0001368

CR2E037 (1/98)

ST. AUGUSTINE

ART

ASSOCIATION

565028-90028-5
700159

1999-2000 Officers & Directors

Project Director: Kay Burtin Honorary Life Member
285 S. Matanzas blvd.
St. Augustine, FL 32084-4541 824-2486
Fax 823-1291

OFFICERS, ELECTED at the May 12th Meeting of the Board of Directors

President: Term as Director 1997-2000 Robert B. Eliert Retired Attorney 471-5136
48 Sevilla St.

Life Member

Vice President: " " 1998-2001 Geraldine Rasey Artist 826-3270
825-1950

Secretary: " " 1997-2000 Shirley DePasquale Retired Nurse 461-3462
5500 Atlantic View 461-4632
Life Member St. Augustine, FL 32084-7036

Treasurer: " " 1997-2000 Richard L. Waler, Jr. C.P.A. 824-5412
71 Old Dixie Highway
P.O. Box 4497
St. Augustine, FL 32085-4497

Directors:

Term as director 1998-2001 Pam Pahl Artist 823-9703
342 Charlotte St
St. Augustine, FL 32084-5036

1998-2001

Life Member

Bill Green Minister/Artist 824-1566
568 John St.
St. Augustine, FL 32095-4015

1998-2001

Kenneth Barrett Photographer/College Instructor
Flagler College
P.O. Box 3201 471-6830
St. Augustine, FL 32085-3201

1999-2002

Cable Spence Artist 287-3274
445 Bay Point Way N
Jacksonville, FL 32259-7908

1999-2002

Alice Murphree Artist 471-5486
8942 Gene Johnson Road
St. Augustine, FL 32086-8555

1999-2002

Keith McCall Retired Lt. Col 824-0167
30 Rohde Av
St. Augustine, FL 32084-3247

22 MARINE STREET

ST. AUGUSTINE, FL 32084

(904) 824-2310

Please Turn