

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 037 ****70.00

DOCUMENT # 701204

1. Entity Name

THE SAINT AUGUSTINE HISTORICAL SOCIETY



Principal Place of Business

**271 CHARLOTTE ST
ST AUGUSTINE FL 32084**

Mailing Address

**271 CHARLOTTE ST
ST AUGUSTINE FL 32084**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0638482

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**-GANONG, OVERTON G.
271 CHARLOTTE ST.
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, SUSAN R DR.	
STREET ADDRESS	1671 ASTURIAS ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, GREGORY	
STREET ADDRESS	8 SEA OATS DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOZARD, JOSEPHINE	
STREET ADDRESS	1019 SAN RAFAEL ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, GREGORY	
STREET ADDRESS	39 VALENCIA ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DILBECK, JAMES	
STREET ADDRESS	128 OAK AVE.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, MYSIE	
STREET ADDRESS	20 DONDANVILLE RD., APT. 204	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USINA, BETTY	
STREET ADDRESS	4090 MYRTLE STREET	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILES, HERBIE	
STREET ADDRESS	63 BAY VIEW DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D. BAILEY, JR.	
STREET ADDRESS	350 FIDDLERS COURT	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Robert W. Hefner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

904-824-2872

Date

Daytime Phone #