



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 010 ****61.25

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.		40073467 	
City & State		City & State		4. FEI Number 59-0638482	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD USINA, BETTY 4090 MYRTLE STREET SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Usina, Betty 4090 Myrtle Street St. Augustine, FL 32084
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, GREGORY 8 SEA OATS DR. SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Wiles, Harbie 63 Bay View Dr. St. Augustine, FL 32084
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILES, HERBIE 63 BAY VIEW DRIVE SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T.D Rickett, William E 108 Oglethorpe Blvd. St. Augustine, FL 32080
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GREGORY 39 VALENCIA ST. SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bosanko, Daniel P.O. Box 1352 St. Augustine
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JOHN D JR 350 FIDDLERS COURT SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D browning-masters, Ann P.O. Box 883 St. Augustine, FL 32085
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, MYSIE 20 DONDANVILLE RD., APT. 204 SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Wingo, Barbara 6613 NW 81st Blvd. Gainesville, FL 32653
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Overtton G. Ganong</u> 4/27/06 904-824-2872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

The Saint Augustine Historical Society
Document # 701204

ATTACHMENT

40073467

701204

Additions to officers and directors

Title: D

Name: Coastes, Tom

Address: 1829 Old Beach Road

City-ST-Zip: St Augustine, FL 32080

Title: D

Name: Ellis, Charles

Address: 3678 Crazy Horse Trail

City-ST-Zip: St Augustine, FL 32086

Title: D

Name: Williams, Carolyn

Address: 4567 St. Johns Bluff Rd. South

City-ST-Zip: Jacksonville, FL 32224