


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90465 041 \*\*\*\*61.25

<b>DOCUMENT # 701204</b> 1. Entity Name <b>THE SAINT AUGUSTINE HISTORICAL SOCIETY</b>					
Principal Place of Business <b>271 CHARLOTTE ST ST AUGUSTINE, FL 32084</b>			Mailing Address <b>271 CHARLOTTE ST ST AUGUSTINE, FL 32084</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0638482</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b><del>GANONG OVERTON</del> Helm, Danie 271 CHARLOTTE ST. ST AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>USINA, BETTY</b> <b>4090 MYRTLE STREET</b> <b>SAINT AUGUSTINE, FL 32084</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4125 Coastal Highway</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>WILES, HARBIE</b> <b>63 BAYVIEW DR</b> <b>SAINT AUGUSTINE, FL 32084</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Williams, Dr. Carolyn</b> <b>UNF 4567 St. Johns Bluff Rd., S.</b> <b>Jacksonville, FL 32224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WILES, HERBIE</b> <b>63 BAY VIEW DRIVE</b> <b>SAINT AUGUSTINE, FL 32084</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, GREGORY</b> <b>39 VALENCIA ST.</b> <b>SAINT AUGUSTINE, FL 32084</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wingo, Barbara</b> <b>6613 NW 81st Blvd.</b> <b>Gainesville, FL 32653</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAILEY, JOHN D JR</b> <b>350 FIDDLERS COURT</b> <b>SAINT AUGUSTINE, FL 32084</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Saint Augustine, FL 32080</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, MYSIE</b> <b>20 DONDANVILLE RD., APT. 204</b> <b>SAINT AUGUSTINE, FL 32080</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Bosanko, Daniel J.</b> <b>192 Somerset Ct.</b> <b>Saint Augustine, FL 32084</b> <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 199, 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.					
<b>SIGNATURE: <u>Mad</u> Executive Director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>4/27/07</b> <small>Date</small>					
<b>904824-2872</b> <small>Daytime Phone #</small>					



04062007 Chg-NP CR2E037 (12/06)

# ATTACHMENT

## 40091884

### # 701204

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D Coates, Tom 1829 Old Beach Road St. Augustine, FL 32080	
		D Ellis, Charles 725 Willow Wood Place St. Augustine, FL 32086	
		D Masters, Ann Browning P.O. Box 883 St. Augustine, FL 32085	
		D Moore, Gregory 8 Sea Oaks Dr St. Augustine, FL 32080	
		T Puckett, William E. 108 Oglethorpe Blvd. St. Augustine, FL 32086	
		D Thompson, Paul J. P.O. Drawer 70 St. Augustine, FL 32085	