2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701204

FILED Jan 18, 2008 Secretary of State

Entity Name: THE SAINT AUGUSTINE HISTORICAL SOCIETY

Current Principal Place of Business: New Principal Place of Business: 271 CHARLOTTE ST ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 271 CHARLOTTE ST ST AUGUSTINE, FL 32084 FEI Number: 59-0638482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GANONG, OVERTON G PARKER, SUSAN R 271 CHARLOTTE ST. 271 CHARLOTTE ST. ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 US US 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. SIGNATURE: SUSAN R. PARKER 01/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition USINA, BETTY Name: Name: 4125 COASTAL HWY Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, CAROLYN DR. Name: Address: UNF 4567 ST. JOHNS BLUFF RD. S. Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: () Delete Title: () Change () Addition WILES, HERBIE Name: Name: 63 BAY VIEW DRIVE Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WINGO, BARBARA Name: Address: 6613 NW 81ST BLVD. Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: () Delete Title: () Change () Addition BAILEY, JOHN D JR Name: Name: 350 FIDDLERS COURT Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition BOSANKO, DANIEL J Name: Name: Address: 192 SOMERSET CT. Address: SAINT AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN R. PARKER EXDI 01/18/2008