

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701204

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE SAINT AUGUSTINE HISTORICAL SOCIETY

Current Principal Place of Business:

271 CHARLOTTE ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

271 CHARLOTTE ST
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-0638482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, SUSAN R
271 CHARLOTTE ST.
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: USINA, BETTY
Address: 4125 COASTAL HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: WILLIAMS, CAROLYN DR.
Address: UNF 4567 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: WILES, HERBIE
Address: 63 BAY VIEW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: WINGO, BARBARA
Address: 6613 NW 81ST BLVD.
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: BAILEY, JOHN D JR
Address: 350 FIDDLERS COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P () Delete
Name: BOSANKO, DANIEL J
Address: 192 SOMERSET CT.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LASTINGER, ALLEN
Address: 8342 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: COATES, THOMAS
Address: 1829 OLD BEACH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: BAILEY, JOHN D JR
Address: 350 FIDDLERS COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: BOWEN, BETH R
Address: 181 CREEKSIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

ED

04/13/2009

Electronic Signature of Signing Officer or Director

Date