

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703508

(2)

1. Corporation Name

ST. AUGUSTINE FOUNDATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:05

0-05

Principal Place of Business

**20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE FL 32085-8027**

Mailing Address

**20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE FL 32085-8027**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1982

3a. Date of Last Report

02/23/1994

4. FEI Number

59-6152316

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BAILEY, JOHN D., JR.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-0007**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PROCTOR, WILLIAM L.
STREET ADDRESS	410 CAMELIA TRAIL
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	S
NAME	YOUNG, JOAN B.
STREET ADDRESS	207 CARVER ST
CITY - ST - ZIP	ST AUGUSTINE, FL 00000
TITLE	CD
NAME	LEWIS, LAWRENCE JR
STREET ADDRESS	209 WEST HILLCREST
CITY - ST - ZIP	RICHMOND VA
TITLE	D
NAME	UPCHURCH, FRANK D., JR.
STREET ADDRESS	545 CARCABA ROAD
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	BAILEY, JOHN D
STREET ADDRESS	47 AVISTA CIRCLE
CITY - ST - ZIP	ST AUGUSTINE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Proctor

President

15 March 95

(Date)

904-8286481

(Typed Name)

(904)829-6481

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