2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90077 027 ****70.00

DOCUMENT # 703508

1. Entity Name
ST. AUGUSTINE FOUNDATION, INC.

Principal Place of Business	Mailing Address
20 VALENCIA ST. P.O. BOX 1027 ST. AUGUSTINE, FL 32085-8027	20 VALENCIA ST. P.O. BOX 1027 ST. AUGUSTINE, FL 32085-8027

01192007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-6152316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, JOHN D., JR. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32085-0007	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PCD PROCTOR, WILLIAM L. 410 CAMELIA TRAIL ST. AUGUSTINE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ABARC, WILLIAM 112 HERON'S NEST LANE ST. AUGUSTINE, FL. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YOUNG, JOAN B. 207 CARVER ST ST AUGUSTINE, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M UPCHURCH, KRAMER 545 CARCABA ROAD ST. AUGUSTINE, FL. 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UPCHURCH, FRANK D., JR. 3706 WATERWAY CT ST. AUGUSTINE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BAILEY, MARK 1200 PLANTATION ISLAND ST. AUGUSTINE, FL. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, JOHN D 47 AVISTA CIRCLE ST AUGUSTINE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S RUSSOM, KENNETH 4002 MOULTRIE FORESIDE BLVD. ST. AUGUSTINE FL. 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSOM, KENNETH 4002 MOULTRIE FORESIDE BLVD ST. AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD PROCTOR, WILLIAM L. 321 MARSHSIDE DRIVE N ST. AUGUSTINE, FL. 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kenneth S. Russom 1/20/07 904-819-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #