
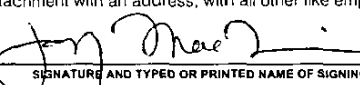


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90029 024 \*\*\*\*70.00

<b>DOCUMENT # 703508</b> 1. Entity Name <b>ST. AUGUSTINE FOUNDATION, INC.</b>					
Principal Place of Business <b>20 VALENCIA ST. P.O. BOX 1027 ST. AUGUSTINE, FL 32085-8027</b>			Mailing Address <b>20 VALENCIA ST. P.O. BOX 1027 ST. AUGUSTINE, FL 32085-8027</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		
6. Name and Address of Current Registered Agent  <b>BAILEY, JOHN D., JR. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32085-0007</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.				4. FEI Number <b>59-6152316</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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	PCD PROCTOR, WILLIAM L. <input checked="" type="checkbox"/> Delete 410 CAMELIA TRAIL <i>Duplicated below.</i> ST. AUGUSTINE, FL <i>New address, below.</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JOHN D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 47 AVISTA CIRCLE ST. AUGUSTINE, FL. <i>(QUITTED BY YOUR DEPT.)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete ABARE, WILLIAM 112 HERONS NEST LANE SAINT AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BAILEY, MARK 1200 PLANTATION ISLAND DR. ST. AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete UPCHURCH, FRANK D., JR. 3708 WATERWAY CT ST. AUGUSTINE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Delete PROCTOR, WILLIAM L 321 MARSHSIDE DR N SAINT AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete RUSSOM, KENNETH 4002 MOULTRIE FORESIDE BLVD ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete UPCHURCH, KRAMER 545 CARCABA RD SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			2.14.08 904-829-8481		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		