

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703508

FILED
Mar 10, 2009
Secretary of State

Entity Name: ST. AUGUSTINE FOUNDATION, INC.

Current Principal Place of Business:

20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE, FL 320858027

New Principal Place of Business:

20 VALENCIA ST.
ST. AUGUSTINE, FL 320858027

Current Mailing Address:

20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE, FL 320858027

New Mailing Address:

FEI Number: 59-6152316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAILEY, JOHN D., JR.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320850007 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: BAILEY, JOHN D
Address: 47 AVISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: M () Delete
Name: ABARE, WILLIAM
Address: 112 HERONS NEST LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: UPCHURCH, FRANK D., JR.
Address: 3708 WATERWAY CT
City-St-Zip: ST. AUGUSTINE, FL

Title: PCD () Delete
Name: PROCTOR, WILLIAM L
Address: 321 MARSHSIDE DR N
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TS () Delete
Name: RUSSOM, KENNETH
Address: 4002 MOULTRIE FORESIDE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: M () Delete
Name: UPCHURCH, KRAMER
Address: 545 CARCABA RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: UPCHURCH, FRANK D., JR.
Address: 304 LOUDOUN DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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

Title: () Change () Addition
Name:
Address:
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: JOY MACMILLAN

DIR

03/10/2009

Electronic Signature of Signing Officer or Director

Date