

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703508

FILED
Mar 02, 2011
Secretary of State

Entity Name: ST. AUGUSTINE FOUNDATION, INC.

Current Principal Place of Business:

20 VALENCIA ST.
ST. AUGUSTINE, FL 320858027

New Principal Place of Business:

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
Name: BAILEY, JOHN D
Address: 47 AVISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

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

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

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

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

Title: M
Name: UPCHURCH, KRAMER
Address: 385 HAWKEYE VIEW LANE
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: KENNETH RUSSOM

TS

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date