

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710083 (7)
1. Corporation Name
ST. AUGUSTINE HUMANE SOCIETY



Principal Place of Business 1665 OLD MOULTRIE ROAD ST. AUGUSTINE FL 32086-5158	Mailing Address 1665 OLD MOULTRIE ROAD ST. AUGUSTINE FL 32086-5158
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3. Date Incorporated or Qualified 12/21/1965	
4. FEI Number 59-1324680	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**POOLE, SHARON
19A MCMILLAN ST
ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILES, DORIS	1.2 NAME	Stella Brown
STREET ADDRESS	601 PEGGY PL	1.3 STREET ADDRESS	7436 AIA South
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH GINN	2.2 NAME	Sharon Poole
STREET ADDRESS	6784 A AVENUE	2.3 STREET ADDRESS	19 A McMillan St.
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTS, GEORGE	3.2 NAME	Charles Stevens
STREET ADDRESS	35 SHENANDOAH ST	3.3 STREET ADDRESS	3171 Coastal Hwy.
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUDLE, DIANE	4.2 NAME	Harb Nicholas
STREET ADDRESS	228 CYPRESS RD.	4.3 STREET ADDRESS	9235 Coastal Hwy
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stella B. Brown* **Stella B. Brown** 904-471-0171

CR2E037 (1097)