


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90054 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 710083 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	

* 3 1886 1 - 90036 - 5 1 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1965	
22. Suits, Apt. #, etc.		27. Suits, Apt. #, etc.		4. FEI Number	
				59-1234680	
23. City & State		28. City & State		Applied For Not Applicable	
				Correct Number \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
24. Zip		29. Zip		59-1324680 Agent	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		81 Name POOLE, SHARON 19A MCMILLAN ST ST. AUGUSTINE FL 32095 19A MCMillan Street St. Augustine, FL 32095	
25		30		82 Street Address 83 84 City FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STELLA	1.2 NAME	
STREET ADDRESS	7436 A1A SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, SHARON	2.2 NAME	Robert Gold
STREET ADDRESS	19 A MCMILLAN ST	2.3 STREET ADDRESS	4026 East Windsor Park Drive
CITY-ST-ZIP	ST AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, CHARLES	3.2 NAME	Anne Antoniou
STREET ADDRESS	3171 COASTAL HWY	3.3 STREET ADDRESS	82 Zamora St.
CITY-ST-ZIP	ST AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	St. Augustine FL 32095
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, HERB	4.2 NAME	Christopher Runk
STREET ADDRESS	3235 COASTAL HWY	4.3 STREET ADDRESS	9 Versaggi Drive
CITY-ST-ZIP	ST AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	St. Augustine, FL 32084
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, with all other like empowered.

SIGNATURE: Stella B. Brown **Signature Required** Pres. January 21, 1999 904-471-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)