

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90264 024 ***61.25

DOCUMENT # 710083



1. Entity 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**

24058727



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1324680

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOLE, SHARON
 19A MCMILLAN ST
 ST. AUGUSTINE, FL 32095**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD Delete
 NAME BROWN, SHEILA
 STREET ADDRESS 201 OGLETHORPE BLVD
 CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE **TREASURER** Change Addition
 NAME **ALAN FREED**
 STREET ADDRESS **6912 CYPRESS SPRING COURT**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE D Delete
 NAME GOLD, ROBERT
 STREET ADDRESS 4026 E. WINDSOR PARK DR.
 CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE **BRIAN THOMPSON** Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **61 SANFORD ST**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32085**

TITLE PD Delete
 NAME ANTONIOU, ANNE
 STREET ADDRESS 1743 DOGWOOD PLACE
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE **DIRECTOR** Change Addition
 NAME **STELLA BROWN**
 STREET ADDRESS **7436 AIA SOUTH**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE SD Delete
 NAME MINSHALL, DAVID
 STREET ADDRESS 6811 CANDLE WOOD DRIVE
 CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BLOOM, CATHY
 STREET ADDRESS 64 HYPOLITA ST
 CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME BROWN, RONALD
 STREET ADDRESS 5366 FIFTH STREET
 CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE **Vice President** Change Addition
 NAME **STEPHANIE BENSTEIN**
 STREET ADDRESS **535 Florida Club Blvd #306**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

12. 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 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.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 904-829-2737
 Date Daytime Phone #