


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90006 028 \*\*\*\*70.00

**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**

**50061159**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06292005 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip  
 Country

4. FEI Number  
**59-1324680**

Applied For  
 Not Applicable

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

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

7. Name and Address of New Registered Agent  
 Name: **Brown, Ronald W.**  
 Street Address (P.O. Box Number is Not Acceptable): **93 Orange St.**  
 City: **St. Augustine** FL Zip Code: **32084**

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]* **RONALD W. BROWN** DATE: **8/3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	T FREED, ALAN 6912 CYPRESS SPRING COURT SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gayle Gilmore 13 3rd St Apt A St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BRIAN 61 SANFORD ST. SAINT AUGUSTINE, FL 32085 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandy Worgan 21 Bermuda Run Way St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONIOU, ANNE 1743 DOGWOOD PLACE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ginny Bullard 45 Saragossa St. St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINSHALL, DAVID 6811 CANDLE WOOD DRIVE JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katie Flynn 8 Park Terr Dr. St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STELLA 7436 A1A SOUTH SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jayne Moon 134 Southwind Circle St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENSTEIN, STEFANIE 535 FLORIDA CLUB BLVD., #306 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stefanie Bernstein 535 FLORIDA CLUB BLVD., #306 SAINT 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: *[Signature]* DATE: **8/5/05** (904) 829-2737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* ADD: Yvonne Schimmel 702 Wilkes Ct St Augustine, FL 32086