
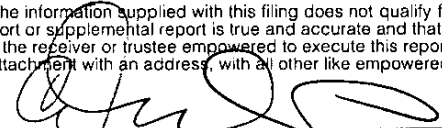


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90381 028 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, RONALD W 93 ORANGE STREET SAINT AUGUSTINE, FL 32084		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Boody Lorick 210 First Coast Mortgage 2730-0 US 1 South St. Augustine, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILMORE, GAYLE 13 THIRD STREET SUITE A SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORGAN, SANDY 21 BERMUDA RUN WAY SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, GINNY 45 SARAGOSSA STREET SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, KATIE 8 PARK TERRACE DRIVE SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, STEFANIE 535 FLORIDA CLUB BLVD., #306 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4-28-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

40074797

710083

ST. AUGUSTINE HUMANE SOCIETY						
BOARD OF DIRECTORS						
FEIN #59 -1324680						
Line #	Position	Name	Address	Home Telephone	Work Telephone	Salaries?
	President/ Director	Stefanie Bernstein	535 Florida Club Blvd. #306 St. Augustine, FL 32084	904-819-1898	904-494-2570	N
	Vice-President/ Director	Gayle Gilmore	13 3rd Street Apt. A St. Augustine, FL 32080	904-471-1585	904-471-1585	N
✓	Treasurer/ Director	Randy Gorick	c/o First Coast Mortgage 2730-0 US 1 South St. Augustine, FL 32086		904-797-1400	N
	Secretary/ Director	Sandy Worgan	21 Bermuda Run Way St. Augustine, FL 32080	904-471-0040	904-461-6679	N
✓	Exec. Director	Cindy Bishop	211 Venetian Blvd. St. Augustine, FL 32095		904-829-2737	Y
	Director	Ginny Bullard	45 Saragossa St. St. Augustine, FL 32084	904-824-0634	904-824-0634	N
	Director	Katie Flynn	8 Park Terrace Dr. St. Augustine, FL 32080	904-826-4285	904-669-6211	N
✓	Director	Jayne Moon	134 Southwind Circle St. Augustine, FL 32080	904-471-1624	904-825-2662	N
✓	Director	Yvonne Schimmel	702 Wilkes Court St. Augustine, FL 32086	904-794-7676		N
✓	Director	Rusty Hall	P.O. Box 5024 St. Augustine, FL 32085			N