


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90111 024 ****61.25

DOCUMENT # 710083

1. Entity Name
ST. AUGUSTINE HUMANE SOCIETY



Principal Place of Business Mailing Address

1665 OLD MOULTRIE ROAD **1665 OLD MOULTRIE ROAD**
ST. AUGUSTINE FL 32086-5158 **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

4. FEI Number **59-1324680** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, SHEILA	
STREET ADDRESS	201 OGLETHORPE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, ROBERT	
STREET ADDRESS	4026 E. WINDSOR PARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANTONIOU, ANNE	
STREET ADDRESS	82 ZAMORA ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MINSHALL, DAVID	
STREET ADDRESS	585 OAKLAND AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOOM, CATHY	
STREET ADDRESS	64 HYPOLITA ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RONALD	
STREET ADDRESS	5366 FIFTH STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, ROBERT	
STREET ADDRESS	4026 E. WINDSOR PARK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIOU, ANNE	
STREET ADDRESS	1743 DOGWOOD PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINSHALL, DAVID	
STREET ADDRESS	6811 CANDLE WOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RONALD	
STREET ADDRESS	5366 FIFTH STREET	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	

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: *SHEILA BROWN* *8/22/03* *904-829-3475*

CR2E037 (4/03)

Attachment

80140577
710083

ST. AUGUSTINE HUMANE SOCIETY, INC.
FEDERAL I.D. #59-1324680

DOCUMENT # 710083

ADDITIONS TO BOARD OF DIRECTORS 2003

Directors
Name and Address

D
Stella Brown
7436 A1A South
St. Augustine, FL 32080

D
Alan Freed
6912 Cypress Spring Court
St. Augustine, FL 32086

D
Gayle Gilmore
13 Third Street
St. Augustine, FL 32080

D
George Letts
680 CR 13 A
Elkton, FL 32033

D
Steve Hendry
1511 San Rafael Way
St. Augustine, FL 32084

D
Yvonne Schimmel
702 Wilkes Ct.
St. Augustine, FL 32086

D
Charles Stevens
3171 Coastal Hwy.
St. Augustine, FL 32094

D
Brian Thompson
61 Sanford St.
St. Augustine, FL 32084