

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718738 (8)

1. Corporation Name

ALTRUSA CLUB OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

31 ST. FRANCIS STREET
P.O. BOX 3372
ST. AUGUSTINE FL 32084

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P.O. BOX 3372
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

06/22/1970

3a. Date of Last Report

07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6150976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLANT CHRISTINE T.
700 WEST POPE RD
#L91
ST. AUGUSTINE FL 32084

81 Name

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

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.

NO Change

SIGNATURE

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

(NOTE: Registered Agent signature required when reinitiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS PLANT, CHRISTINE
CITY - ST - ZIP 700 W. POPE RD. #L91
ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME P
STREET ADDRESS ELLEN CIMICATO
CITY - ST - ZIP 241 COQUIND AVE
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ZELLNER, VICKI
CITY - ST - ZIP 60 COMARES AVE.
ST AUGUSTINE FL 32084

TITLE ☒ DELETE

NAME D
STREET ADDRESS HYATT, IONE
CITY - ST - ZIP 5442 ATLANTIC VIEW
ST AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME VP
STREET ADDRESS JOCELYN MICKLOVITCH
CITY - ST - ZIP 7 FAUCHER CT.
ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME T
STREET ADDRESS JOAN AUGIALFY
CITY - ST - ZIP 288 SAN AUGIALFY
ST.AUGUSTINE FL 32086

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Ellen Cimicata 3/1/96 904 287 1523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E037 (12/95)