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02-03-1999 90027 022 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718738

1. Corporation Name

ALTRUSA CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/22/1970

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

9. Name and Address of Current Registered Agent

L'ENGLE SEARS, MARY  
714 SACO COURT  
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  
NAME WATTS, NANCY  
STREET ADDRESS 643 NIEVES LANE  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE D  
NAME MILAR, MARY ANN  
STREET ADDRESS 656 CHRISTINA DRIVE  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T  
NAME BOWMNA, LOUISE A  
STREET ADDRESS 180 SO ONEIDES ST  
CITY-ST-ZIP ST.AUGUSTINE FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

904-824-6515

Daytime Phone #

CR2E037 (1/98)