

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 # 745015 (8)

1. Corporation Name

ST. AUGUSTINE AND ST. JOHNS COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

1 RIBERIA ST.
ST AUGUSTINE FL 32084

Mailing Address

1 RIBERIA ST.
ST AUGUSTINE FL 32084



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/22/1978

3a. Date of Last Report
01/27/1995

4. FEI Number
59-0432275

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

10. Name and Address of New Registered Agent

SIEGMUND, SUSAN P.
1 RIBERIA STREET
ST. AUGUSTINE FL 32084

81 Name Don Patrick

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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME MOSER, JAMES
STREET ADDRESS 4900 US 1 NORTH
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME A.J. McGuinness
1.3 STREET ADDRESS 24 Cathedral Pl #403
1.4 CITY-ST-ZIP 32084

TITLE MVD ☐ DELETE
NAME SIEGMUND, SUSAN P.
STREET ADDRESS 1 RIBERIA ST
CITY-ST-ZIP ST. AUGUSTINE FL 32084

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Don Patrick
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BRYAN, LINDA
STREET ADDRESS 97 ORANGE ST
CITY-ST-ZIP ST AUGUSTINE FL

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 000001794390
3.4 CITY-ST-ZIP -04/25/96--0000000000

TITLE PD ☐ DELETE
NAME PASQUALE, PAOLINI
STREET ADDRESS 100 SOUTHPARK BLVD. #311
CITY-ST-ZIP ST. AUGUSTINE FL

4.1 TITLE ***61.25 ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Delete
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SPAULDING, JAMES
STREET ADDRESS 1850 US 1 S.
CITY-ST-ZIP ST. AUGUSTINE FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Joe Gordy
5.3 STREET ADDRESS 400 Health Park Blvd
5.4 CITY-ST-ZIP 32084

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

904-824-8142

CR2E037 (12/95)