


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90413 050 \*\*\*\*61.25

<b>DOCUMENT # 745015</b> 1. Entity Name <b>ST. AUGUSTINE AND ST. JOHNS COUNTY CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>1 RIBERIA ST. ST AUGUSTINE, FL 32084</b>			Mailing Address <b>1 RIBERIA ST. ST AUGUSTINE, FL 32084</b>		
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 <b>59-0432275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PATRICK, DON</b> <b>1 RIBERIA STREET</b> <b>ST. AUGUSTINE, FL 32084</b>				Name <b>Robin Burchfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 RIBERIA ST</b> City <b>St. AUGUSTINE</b> FL <b>32084</b>	
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MP</b> <b>PATRICK, DON</b> <b>1 RIBERIA ST</b> <b>ST. AUGUSTINE, FL 32084</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Robin Burchfield</b> <b>1 RIBERIA ST</b> <b>St. AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>TIMMONS, SUSAN</b> <b>250 VILANO ROAD</b> <b>SAINT AUGUSTINE, FL 32084</b>	<input checked="" 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	<b>PD</b> <b>HALBACK, FRED</b> <b>287 ST. GEORGE ST.</b> <b>SAINT AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STO VD</b> <b>BIRNEY, JOHN</b> <b>200 MALAGA ST. #1</b> <b>SAINT AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MIKE SIRAGUSA STO</b> <b>780N. Ponce de Leon BLVD</b> <b>ST. AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 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.					
<b>SIGNATURE: <u>Robin Burchfield</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/29/05</b>	
				Daytime Phone # <b>904 824-8142</b>	