

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762120

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** ANCIENT CITY ROAD RUNNERS, INC.

**Current Principal Place of Business:**

320 HIGH TIDE DRIVE  
SUITE 201  
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4111  
ST AUGUSTINE, FL 32085 US

**New Mailing Address:**

**FEI Number:** 59-2284115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEVILLE, TODD  
320 HIGH TIDE DRIVE  
SUITE 201  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: BREIDENTSTIEN, JUSTIN  
Address: PO BOX 4111  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: V  
Name: NEVILLE, TODD  
Address: PO BOX 1718  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: TD  
Name: KASHIWAMURA, SHELBY  
Address: 202 7TH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD  
Name: BOYLE, DAVE  
Address: 711 AUGUSTA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELBY KASHIWAMURA

TD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date