2005 NOT-FOR-PROFIT CORPORATION

Jan 12, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N00000000064** 01-12-2005 90006 049 ****61.25 FILM SOCIETY OF ST. AUGUSTINE, INC. Principal Place of Business Mailing Address 3930Y COASTAL HWY. 3930Y COASTAL HWY. 50001802 SAINT AUGUSTINE, FL 32084 SAINT AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E037 (10/03) 4. FEI Number 59-3623990 City & State City & State Applied For Not Applicable Country Zio Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Name BOLES, JOSEPH L JR. 120 CHARLOTTE ST. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE, FL 32084 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRES THLE Delete TITLE ☐ Change ☐ Addition CHASTAIN, JAMES DR. NAME NAME STREET ADDRESS 3930Y COASTAL HWY. STREET ADDRESS ST. AUGUSTINE, FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition TITLE NAME CRISP-ELLERT, JOANN NAME STREET ADDRESS **48 SEVILLA STREET** STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE, FL 32084 CITY-ST-78 TITLE Delete TITLE Change ☐ Addition NAME CHASTAIN, ELEANOR MRS. NAME STREET ADDRESS 3930Y COASTAL HWY." STREET ADDRESS ST. AUGUSTINE, FL. 32084 CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BUCKLEY, JACK** NAME NAME 56 DUFFERIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition REARDON, JOHN NAME NAME 2123 VISTA COVE RD STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TOTLE ☐ Chance 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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

ANDERSON, LINDA

236 BIG MAGNOLIA COURT

SAINT AUGUSTINE, FL 32080

NAME

STREET ADDRESS CITY-ST-7IP

TCHASTAIN

FILED