

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003515

FILED
Apr 13, 2006
Secretary of State

Entity Name: ST AUGUSTINE ATTRACTIONS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ST AUGUSTINE LIGHTHOUSE & MUSEUM
81 LIGHTHOUSE AVE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

C/O ST AUGUSTINE LIGHTHOUSE & MUSEUM
81 LIGHTHOUSE AVE
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-1992825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPCHURCH, TRACY W
780 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 320853007 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: T () Delete
Name: COX, CHARLES G
Address: 157 KING ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P () Delete
Name: PUCKETT, WILLIAM E
Address: 999 ANASTASIA BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: FRASER, JOHN W
Address: 11 MAGNOLIA AV.E
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: BLANKENSHIP, ANGIE
Address: P.O. BOX 334
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MALLOY, MOLLIE
Address: 81 LIGHTHOUSE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: FRASER, JOHN W
Address: 11 MAGNOLIA AVENUE E.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: STAVELY, CINDY
Address: 167 SAN MARCO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: GANONG, OVERTON G
Address: 271 CHARLOTTE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOLLIE MALLOY

T

04/13/2006

Electronic Signature of Signing Officer or Director

Date