2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003515

FILED Feb 20, 2007 Secretary of State

Entity Name: ST AUGUSTINE ATTRACTIONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-1992825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

UPCHURCH, TRACY W 780 N PONCE DE LEON BLVD ST AUGUSTINE, FL 320853007 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MALLOY, MOLLIE Name:

OFFICERS AND DIRECTORS:

81 LIGHTHOUSE AVENUE Address: City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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

(X) Change () Addition MALLOY, MOLLIE Name:

Address: 81 LIGHTHOUSE AVENUE City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: (X) Change () Addition

Name: PALLAS, LEE N Address: 4825 A1A SOUTH #56 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: (X) Change () Addition

STAVELY, CYNTHIA J Name: 167 SAN MARCO AVENUE Address: City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: (X) Change () Addition

Name: HARRELL, SUSAN L Address: 19 SAN MARCO AVE. City-St-Zip: ST. 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 **VPR** 02/20/2007