
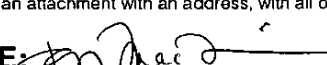


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 035 \*\*\*\*70.00

<b>DOCUMENT # N00000004076</b> 1. Entity Name <b>HISTORIC ST. AUGUSTINE RESEARCH INSTITUTE, INC.</b>					
Principal Place of Business <b>75 KING STREET ST. AUGUSTINE FL 32084</b>			Mailing Address <b>POST OFFICE BOX 1027 ST. AUGUSTINE FL 32085-1027</b>		
2. Principal Place of Business <b>74 KING ST.</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3674076</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PROCTOR, WILLIAM L 75 KING STREET ST. AUGUSTINE FL 32084</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>74 KING ST.</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD GANNON, MICHAEL DR DEPT OF HISTORY, UNIV OF FL GAINESVILLE FL 32611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD GRAHAM, THOMAS DR DEPT OF SOCIAL SCIENCES FLAGLER COLLEGE SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MACMILLAN, JOY MS CTR FOR HISTORIAL RESEARCH FLAGLER SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD ABARE, WILLIAM T MR OFFICE OF THE DEAN FLAGLER COLLEGE SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DEAGAN, KATHLEEN DR FL MUSEUM OF NATURAL HISTORY UNIV OF FL GAINESVILLE FL 32611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD DILLON, MARY JANE MS OFFICE OF THE PRES FLAGLER COLLEGE SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DEAGAN, KATHLEEN DR FL MUSEUM OF NATURAL HISTORY UNIV OF FL GAINESVILLE FL 32611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b>	<input checked="" 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:</b> 				<b>Treasurer</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>2.03.05</b> Daytime Phone # <b>904 819.6296</b>	



1st MOORE CR2E037 (10/04)