
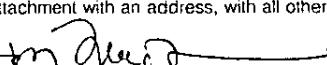


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 032 ****70.00

DOCUMENT # N00000004076 1. Entity Name HISTORIC ST. AUGUSTINE RESEARCH INSTITUTE, INC.					
Principal Place of Business 74 KING STREET ST. AUGUSTINE FL 32084			Mailing Address POST OFFICE BOX 1027 ST. AUGUSTINE FL 32085-1027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3674076	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PROCTOR, WILLIAM L 74 KING STREET ST. AUGUSTINE FL 32084				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 revalidating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD GANNON, MICHAEL DR DEPT OF HISTORY, UNIV OF FL GAINESVILLE FL 32611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GRAHAM, THOMAS DR DEPT OF SOCIAL SCIENCES FLAGLER COLLEGE SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MACMILLAN, JOY MS CTR FOR HISTORIAL RESEARCH FLAGLER SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD ABARE, WILLIAM T MR OFFICE OF THE DEAN FLAGLER COLLEGE SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD DEAGAN, KATHLEEN DR FL MUSEUM OF NATURAL HISTORY UNIV OF FL GAINESVILLE FL 32611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD DILLON, MARY JANE MS OFFICE OF THE PRES FLAGLER COLLEGE SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
SIGNATURE:  Joy MacMillan			3.16.06. 904-829-8481		