

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 025 ****70.00

40027052



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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3674076	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTOR, WILLIAM L 74 KING STREET ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TRACY UPCHURCH 780 No. Ponce de Leon Blvd. ST. AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAHAM, THOMAS DR DEPT OF SOCIAL SCIENCES FLAGLER COLLEGE SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC DEAGAN, KATHLEEN DR FL MUSEUM OF NATURAL HISTORY UNIV OF FL GAINESVILLE, FL 32611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		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 Chapter 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:			2.14.08 904.829-8481		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Page attached.

ATTACHMENT
40027052
#N00000004076

February 14, 2008

2008 - Not-For-Profit Corporation
Annual Report

Document #N00000007076

Historic St. Augustine Research Institute
FEI: 59-3674076

Column 10, continued:

Delete:

Hamilton Upchurch
780 N. Ponce de Leon Blvd.
St Augustine, FL 32084