

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004076

FILED
Mar 10, 2009
Secretary of State

Entity Name: HISTORIC ST. AUGUSTINE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

74 KING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1027
ST. AUGUSTINE, FL 320851027

New Mailing Address:

74 KING STREET
ST. AUGUSTINE, FL 32084

FEI Number: 59-3674076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PROCTOR, WILLIAM L
74 KING STREET
ST. AUGUSTINE, FL 32084 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: M () Delete
Name: UPCHURCH, TRACY
Address: 780 NO.PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: C () Delete
Name: GRAHAM, THOMAS DR
Address: DEPT OF SOCIAL SCIENCES FLAGLER COLLEGE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TS () Delete
Name: MACMILLAN, JOY MS
Address: CTR FOR HISTORIAL RESEARCH FLAGLER
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MD () Delete
Name: ABARE, WILLIAM T MR
Address: OFFICE OF THE DEAN FLAGLER COLLEGE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VDC () Delete
Name: DEAGAN, KATHLEEN DR
Address: FL MUSEUM OF NATURAL HISTORY UNIV OF FL
City-St-Zip: GAINESVILLE, FL 32611

Title: MD () Delete
Name: DILLON, MARY JANE MS
Address: OFFICE OF THE PRES FLAGLER COLLEGE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOY MACMILLAN

TS

03/10/2009

Electronic Signature of Signing Officer or Director

Date