

TRANSMITTAL  
**NO0000006606**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ST. AUGUSTINE AMPHITHEATRE FOUNDATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003411600--4  
-10/02/00--01115--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: EDWARD DALRYMPLE  
Name (Printed or typed)

88 Riberia Street, Suite 400  
Address

St. Augustine, Florida 32084  
City, State & Zip

904-823-2680  
Daytime Telephone number

FILED  
00 OCT -2 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

N-23924  
RV  
195

**ARTICLES OF INCORPORATION**  
**ST. AUGUSTINE AMPHITHEATRE FOUNDATION, INC.**  
**( a not for profit corporation )**

**ARTICLE I      NAME**

The name of the corporation shall be the St. Augustine Amphitheatre Foundation, Inc., a not for profit corporation.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business for the St. Augustine Amphitheatre Foundation, Inc. is located at Highway A1A South, St. Augustine, St. Johns County, Florida 32084. The principal mailing address for the St. Augustine Amphitheatre Foundation, Inc. is 88 Riberia Street, Suite 400, St. Augustine, Florida 32084.

**ARTICLE III      PURPOSE**

The purpose of the St. Augustine Amphitheatre Foundation, Inc. is to organize support for capital improvement programs and to establish an endowment fund for presenting cultural programming at the St. Augustine Amphitheatre.

**ARTICLE IV      MANNER OF ELECTION**

The manner in which a Board of Director of the St. Augustine Amphitheatre Foundation, Inc. is appointed shall be stated in the Bylaws as adopted by the Foundation's Board of Directors.

**ARTICLE V      INITIAL BOARD OF DIRECTORS**

The Names and addresses of the initial Board of Directors of the St. Augustine Amphitheatre Foundation, Inc. are as follows:

1. Mr. Bruce Lucker, 21 World Golf Place, St. Augustine, Florida 32092
2. Mr. Eddie Creamer, PO Box 1690, St. Augustine, Florida 32085
3. Mr. Joe Boles, 120 Charlotte Street, St. Augustine, Florida 32084
4. Mr. Gus Craig, 7460 A1A South, St. Augustine, Florida 32086
5. Mrs. Jane Mathis, 1539 San Rafael Way, St. Augustine, Florida 32084
6. Ms. Mary Ellen Trebele, 11 Aviles Street, Apt. 2D, St. Augustine, Florida 32084
7. Ms. Nancy Sikes-Kline, 15 Miruela Avenue, St. Augustine, Florida 32084
8. Mr. Jerry Nye, 514 B Street, St. Augustine Beach, Florida 32084
9. Mr. Dick Brown, 100 Festival Park Ave., Jacksonville, Florida 32202

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**ARTICLE VI INITIAL REGISTERED AGENT**

The name and address of the initial registered agent to accept service of process for the St. Augustine Amphitheatre Foundation, Inc. is Mr. Glen Hastings, located at 88 Riberia Street, Suite 400, St. Augustine, Florida 32084.

**ARTICLE VII INCORPORATOR**

The name and address of the initial Incorporator of the St. Augustine Amphitheatre Foundation, Inc. is Mr. Edward Dalrymple, General Manager, St. Augustine Amphitheatre, located at 88 Riberia Street, St. Augustine, Florida 32084

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Having been named as registered agent to accept service of process for the St. Augustine Amphitheatre Foundation, Inc. at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Glenn Hastings*

Glenn Hastings, Registered Agent  
St. Augustine Amphitheatre Foundation, Inc.

*9.29.00*

Date

*Edward Dalrymple*

Edward Dalrymple, Incorporator  
General Manager, St. Augustine Amphitheatre

*9/29/00*

Date

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 2000, personally appeared to me well known to be the person described above who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESSED my hand and official seal the date aforesaid.

*Liana Diane Chapman*

NOTARY PUBLIC

My Commission Expires: *10/22/02*

