

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006606**

1. Entity Name  
**ST. AUGUSTINE AMPHITHEATRE FOUNDATION, INC.**



Principal Place of Business  
**HIGHWAY A1A  
ST AUGUSTINE, FL 32084**

Mailing Address  
**88 RIBERIA ST SUITE 400  
ST AUGUSTINE, FL 32084**



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3674978**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HASTINGS, GLENN  
88 RIBERIA ST SUITE 400  
ST AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature of: *Glenn Hastings*  
Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LUCKER, BRUCE  
545 GRANADA TERR  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HASTINGS, GLENN  
31 RHODE ST.  
ST AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BOLES, JOE  
120 CHARLOTTE ST  
ST AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CRAIG, GUS  
7460 A1A SOUTH  
ST AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MATHIS, JANE  
701 EL VERGEL LN  
ST AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DRYSDALE, DAVID  
999 ANASTASIA BLVD  
ST AUGUSTINE, FL 32084**

1000000138558  
04/29/04-80084-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Glenn Hastings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #