

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006140

1. Entity Name

ST. AUGUSTINE OFFICERS' CLUB, INC.



Principal Place of Business

82 MARINE ST
ST AUGUSTINE, FL 32084

Mailing Address

82 MARINE ST
ST AUGUSTINE, FL 32084



01122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

03-0412325

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

JOHNS, RALPH K
4236 BRADFISCH LANE
SAINT AUGUSTINE, FL 32086

**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, typed or 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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000207863
02/01/05-80063-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNS, RALPH R COL.
STREET ADDRESS	4236 BRADFISCH LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	V
NAME	JACOB, GEORGE A
STREET ADDRESS	272 SEA WOODS DR. N
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320806451
TITLE	STD
NAME	FRANTZ, DONNA K
STREET ADDRESS	6409 PINE CIRCLE WEST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	M
NAME	PONCE, DONNA J
STREET ADDRESS	1705 BENNETT RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26 JAN 05