

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002624

1. Entity Name
UNIVERSITY OF ST. AUGUSTINE CENTRE FOR
RESEARCH, INC.



Principal Place of Business
1 UNIVERSITY BLVD
ST AUGUSTINE, FL 32086

Mailing Address
1 UNIVERSITY BLVD
ST AUGUSTINE, FL 32086



DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1186682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOFALD, DAN
1 UNIVERSITY BLVD
ST 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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARIS, STANLEY V
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE VD
NAME LOFALD, DAN
STREET ADDRESS 6 ANDALUSIA CT.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE SD
NAME CHASE, LISA
STREET ADDRESS 11 SEA OAKS DRIVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000239120
02/22/05-80030-024 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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

904-826-0084

Date

Daytime Phone #