

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90268 049 ****61.25

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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**

66019333



04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**PD
PARIS, STANLEY V
1 UNIVERSITY BLVD.
SAINT AUGUSTINE, FL 32086**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CHASE, LISA
11 SEA OAKS DRIVE
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

6/13/06

Date

904-826-0054

Daytime Phone #