

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1186682	Applied For <input type="checkbox"/> Not Applicable
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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, 2008**

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	

U000000861127
04/02/08-80090-014 61.25

**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: _____

Lisa Chase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

Daytime Phone #

904-826-0084