

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # N02000003875

1. Entity Name  
COLONIAL ST. AUGUSTINE PRESERVATION  
FOUNDATION, INC.



Principal Place of Business  
48 KING STREET  
ST. AUGUSTINE, FL 32084

Mailing Address  
48 KING STREET  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
27-0015879

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

CHILDRE, JESSE W  
48 KING STREET  
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, 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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CHILDRE, JESSE W  
STREET ADDRESS 53 MARINE ST.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D  
NAME ADAMS, WILLIAM  
STREET ADDRESS PO DRAWER 210  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32085

TITLE D  
NAME HUGHES, RONNIE J  
STREET ADDRESS 6504 BURNHAM CIR.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D  
NAME BOWERS, RICHARD  
STREET ADDRESS 6504 BURNHAM CIR.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D  
NAME JOHNSON, VIC  
STREET ADDRESS PO BOX 2087  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32085

TITLE D  
NAME PARKER, SUSAN  
STREET ADDRESS 1617 ASTURIAS ST.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

000000135136  
04/28/04-80048-009 61.25

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jesse W. Childre 4/27/04 904 825-5035