

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003875

FILED
Mar 23, 2009
Secretary of State

Entity Name: COLONIAL ST. AUGUSTINE FOUNDATION, INC.

Current Principal Place of Business:

48 KING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

48 KING STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 27-0015879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, WILLIAM
48 KING STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHILDRE, JESSE W
Address: 53 MARINE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD () Delete
Name: ADAMS, WILLIAM
Address: PO DRAWER 210
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: D () Delete
Name: RUMRELL, RICHARD
Address: 24 CATHEDRAL PLACE, SUITE 506
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: PARKER, SUSAN
Address: 1617 ASTURIAS ST.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLTON, HAROLD G
Address: 31 AVISTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD (X) Change () Addition
Name: ADAMS, WILLIAM
Address: PO DRAWER 210
City-St-Zip: SAINT AUGUSTINE, FL 32085 US

Title: D (X) Change () Addition
Name: RUMRELL, RICHARD
Address: 24 CATHEDRAL PLACE, SUITE 506
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: VD (X) Change () Addition
Name: PARKER, SUSAN
Address: 1617 ASTURIAS ST.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: D () Change (X) Addition
Name: CHILDRE, JESSE W
Address: 53 MARINE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. ADAMS

STD

03/23/2009

Electronic Signature of Signing Officer or Director

Date