

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003875

FILED
Apr 25, 2012
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:

PO BOX 1408
ST. AUGUSTINE, FL 32084

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 R
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: PTD
Name: ADAMS, WILLIAM R
Address: 3 COUNTRY SPRING DRIVE
City-St-Zip: ASHEVILLE, NC 28804

Title: VSD
Name: HOLTON, HAROLD
Address: 31 AVISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: D
Name: SHAUNNESSEY, JOE
Address: 1 DONDANDANVILLE ROAD., UNIT 101
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: D
Name: SCOTT, JUDY
Address: 395 SOPHIA TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32085 US

Title: D
Name: VEGAN, MICHELLE
Address: 60 ST. GEORGE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. ADAMS

PTD

04/25/2012

Electronic Signature of Signing Officer or Director

Date