

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006310

1. Entity Name
**ST. AUGUSTINE POLICE BENEVOLENT ORGANIZATION,
INCORPORATED**



Principal Place of Business
**PO BOX 1950
ST AUGUSTINE, FL 32085**

Mailing Address
**PO BOX 1950
ST AUGUSTINE, FL 32085**



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
30-0116387

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLEMENTS, TOM G JR
151 KING ST
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, 2005**

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 CLEMENTS, TOM PO BOX 1950 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, BARRY PO BOX 1950 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUTHBERT, ANTHONY PO BOX 1950 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000094126
01/25/05-80087-017 70.00

**DO NOT WRITE
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 #

Anthony Cuthbert **ANTHONY CUTHBERT** 1/19/05 904/825-1070