

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90036 033 ****61.25

DOCUMENT # N02000007334

1. Entity Name

ST. AUGUSTINE BMX ASSOCIATION, INC.



Principal Place of Business

2 LINDBERG LANE
PALM COAST FL 32137

Mailing Address

2 LINDBERG LANE
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

560 Ruba Road

Suite, Apt. #, etc.

St. Augustine, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip
32086

Country

St. Johns

4. FEI Number

04-3720497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENTON, CHARLES F
2 LINDBERG LANE
PALM COAST FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KENTON, FRANK ☐ Delete
2 LINDBERG LN
PALM COAST FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
CAPALLIA, GAIL ☐ Delete
560 RUBA RD
SAINT AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ADKINS, SEAN ☐ Delete
561 DEERFIELD RD
SAINT AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Kenton Frank Kenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/04 904-471-2161