


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007334	
1. Entity Name ST. AUGUSTINE BMX ASSOCIATION, INC.	

Principal Place of Business 2 LINDBERG LANE PALM COAST FL 32137	Mailing Address 560 RUBA RD. SAINT AUGUSTINE FL 32086
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 04-3720497	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENTON, CHARLES F 2 LINDBERG LANE PALM COAST FL 32137

7. Name and Address of New Registered Agent
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENTON, FRANK		NAME	
STREET ADDRESS 2 LINDBERG LN		STREET ADDRESS	
CITY - ST - ZIP PALM COAST FL 32137		CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPALLIA, GAIL		NAME	
STREET ADDRESS 560 RUBA RD		STREET ADDRESS	
CITY - ST - ZIP SAINT AUGUSTINE FL 32086		CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADKINS, SEAN		NAME	
STREET ADDRESS 561 DEERFIELD RD		STREET ADDRESS	
CITY - ST - ZIP SAINT AUGUSTINE FL 32095		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Frank Kenton FRANK KENTON 1/28/05 904-471-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #