

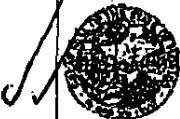
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90726 048 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000007334

1. Entity Name
ST. AUGUSTINE BMX ASSOCIATION, INC.



40009403

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3720497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

FILE NOW FEES 2012

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

President
Frank Kenton (D)
2 Lindberg Ln
Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Treasurer
Gail Capella (D)
560 Ruben Rd.
St. Augustine, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Track Director
Sean Adkins (D)
561 Deerfield Rd
St. Augustine, FL 32095

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

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CITY-STATE-ZIP

☐ Change

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NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 517, 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 F. Kenton

Charles F. Kenton

3/13/03

386-246-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

Charles F. Kenton
Charles F. Kenton

4/3/03
5/1/03