


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90172 049 \*\*\*\*61.25

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # N03000002368</b><br>1. Entity Name<br><b>CITIZENS FOR THE PRESERVATION OF ST. AUGUSTINE, INC.</b>  |  |  |   |                               |  |
| Principal Place of Business<br><b>C/O 115 WASHINGTON ST.<br/>ST. AUGUSTINE, FL 32084</b>   |  |  | Mailing Address<br><b>P.O. BOX 487<br/>ST. AUGUSTINE, FL 32085-0487</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>27 LOCUST ST</b>  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State<br><b>ST. AUGUSTINE, FL</b>   |  | City & State   |   | 4. FEI Number<br><b>51-0459261</b>   |  |
| Zip<br><b>32084</b>  |  | Country<br><b>ST. JOHNS</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WALLACE, ANTOINETTE B<br/>115 WASHINGTON ST.<br/>SAINT AUGUSTINE, FL 32084</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>SCHIRMACHER, KATHRYN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>27 LOCUST ST</b><br>City <b>ST. AUGUSTINE FL</b> Zip Code <b>32084</b> |   |  |  |
| 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.<br><br>SIGNATURE <i>Kathryn Schirmacher</i> DATE <b>4/24/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SIKES-KLINE, NANCY <input type="checkbox"/> Delete<br>15 MIRUELA AVE.<br>ST. AUGUSTINE, FL 32080         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>GREENBERG, BECKY <input type="checkbox"/> Delete<br>3 ST ANDREWS COURT<br>ST. AUGUSTINE, FL 32084        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SCHIRMACHER, KATHRYN <input type="checkbox"/> Delete<br>27 LOCUST ST<br>SAINT AUGUSTINE, FL 32084         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>SIMPSON, ALISON M <input type="checkbox"/> Delete<br>1306 SAN JOSE RD.<br>SAINT AUGUSTINE, FL 32086      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>WALLACE, ANTOINETTE B <input type="checkbox"/> Delete<br>115 WASHINGTON ST.<br>SAINT AUGUSTINE, FL 32084 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>104 LINCOLN ST</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathryn Schirmacher</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | 4/24/07 (904) 808-1886<br><small>Date Daytime Phone #</small>           |  |  |