

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002368

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** CITIZENS FOR THE PRESERVATION OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

27 LOCUST ST  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
ST. AUGUSTINE, FL 320850487

**New Mailing Address:**

**FEI Number:** 51-0459261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIRMACHER, KATHRYN  
27 LOCUST ST  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIKES-KLINE, NANCY  
Address: 15 MIRUELA AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD ( ) Delete  
Name: GREENBERG, BECKY  
Address: 3 ST ANDREWS COURT  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: STD ( ) Delete  
Name: SCHIRMACHER, KATHRYN  
Address: 27 LOCUST ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD ( ) Delete  
Name: SIMPSON, ALISON M  
Address: 1306 SAN JOSE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: WALLACE, ANTOINETTE B  
Address: 104 LINCOLN ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN SCHIRMACHER

STD

03/27/2009

Electronic Signature of Signing Officer or Director

Date