2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Madow

MUMINUTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

DOCUMENT # N03000004472

1. Entity Name ST.JOHNS/ST.AUGUSTINE COMMITTEE FOR CONSERVATION AND RECREATION, INC.



FILED Mar 18, 2005 8:00 am Secretary of State

03-18-2005 90054 044 ****61.25

3/15/03

904-810-493

Daytime Phone #

CONSERVATION AND RECREATION, INC.													
Principal Place 4336 COAST ST AUGUSTIN	AL HWY		4336	Mailing Address 4336 COASTAL HWY ST AUGUSTINE, FL 32084					E.	ः "५ ^{१८} ,१ _१ ५,५	155 255 - (1-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		
2. Principal P	Place of Busin	ess	3. Mail	3. Mailing Address									
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				01212005 C	hg-NP	CR2E03	7 (10/03)		
City & State	0		Cit	City & State				4. FEI Number 06-169673	30		 	oplied For ot Applicable	
Zip Country			Ziç	Zip Cou				5. Certificate of St	atus Desired		\$8.75 Add	ditional	
	6. Name	and Address of Curre	ant Registere	jistered Agent			7. Name and Address of New Registered Agent						
The second of th						Name							
GRANT, FI 4336 COA ST AUGUS			Street A	ddress (i	P.O. Box Number is	Not Acceptable)						
				-							Zip Cod		
						City				FL] 2.p Cou	9	
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 obligat	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													
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State												4.7	
10.	· !	OFFICERS AND	DIRECTORS			1.1. * .,		ADDITIONS/CHANG	ES TO OFFICER	S AND DIF			
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CITY-ST-ZiP	<u> </u>					-ST-ZIP	5/.	HU6USTIN	15, 1-6	320			
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - St - ZIP				1. ' =			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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.													