


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 016 ****61.25

DOCUMENT # N03000004619					
1. Entity Name FRIENDS OF CASTILLO DE SAN MARCOS NATIONAL MONUMENT, INC.					
Principal Place of Business 48 KING ST. ST. AUGUSTINE, FL 32084			Mailing Address 48 KING ST. ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1671051	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, WILLIAM 48 KING ST. ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>William R. Adams</i>				DATE <i>4-8-08</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D NAME CHILDRE, JESSE W STREET ADDRESS 48 KING ST CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete				
TITLE PD NAME ADAMS, WILLIAM STREET ADDRESS 48 KING STREET CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete				
TITLE STD NAME HUGHES, RONNIE STREET ADDRESS ONE NEWS PLACE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete				
TITLE D NAME JOHNSON, VIC STREET ADDRESS P.O. BOX 2087 CITY-ST-ZIP SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete				
TITLE D NAME PARKER, SUSAN STREET ADDRESS 1617 ASTURIAS ST CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE S/T/D NAME STREET ADDRESS CITY-ST-ZIP					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE P/D NAME Holton, Harold G. STREET ADDRESS 31 Avista Circle CITY-ST-ZIP St. Augustine, FL 32084 V/D					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS 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>William R. Adams</i> 4/8/08 904-825-5033					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

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