

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004619

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FRIENDS OF CASTILLO DE SAN MARCOS NATIONAL MONUMENT, INC.

**Current Principal Place of Business:**

48 KING ST.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

48 KING ST.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 16-1671051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, WILLIAM  
48 KING ST.  
ST. 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: D ( ) Delete  
Name: CHILDRE, JESSE W  
Address: 48 KING ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD ( ) Delete  
Name: ADAMS, WILLIAM  
Address: 48 KING STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PD ( ) Delete  
Name: HOLTON, HAROLD G  
Address: 31 AVISTA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD ( ) Delete  
Name: PARKER, SUSAN  
Address: 1617 ASTURIAS ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**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:

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: WILLIAM ADAMS

STD

03/23/2009

Electronic Signature of Signing Officer or Director

Date