

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 015 ****70.00

DOCUMENT # N03000008616					
1. Entity Name ST. AUGUSTINE SCULPTURE GARDEN, INC.					
Principal Place of Business 601 S PONCE DE LEON BLVD A ST. AUGUSTINE, FL 32084			Mailing Address 601 S PONCE DE LEON BLVD A ST. AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0734722	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, WHITE G 601 S. PONCE DE LEON BLVD. A ST. AUGUSTINE, FL 32084				Name Street Address (P.O. Box Number is Not Acceptable) 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: Signature, typed or printed name of registered agent and title if applicable.				DATE: 3/9/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input checked="" type="checkbox"/>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME THOMAS WHITE G		TITLE	NAME	
STREET ADDRESS	601 S. PONCE DE LEON BLVD. SUITE -		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE VP	NAME HAROLD LOCKE		TITLE	NAME	
STREET ADDRESS	5468 DOBBS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE D	NAME MARIANNE LERBS		TITLE	NAME	
STREET ADDRESS	601 S. PONCE DE LEON BLVD., SUITE -		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE D	NAME KEVIN LANG		TITLE	NAME	
STREET ADDRESS	87 KEITH ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE D	NAME THOMAS O'NEALL O'NEILL		TITLE	NAME	
STREET ADDRESS	702 CASCO WAY		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE D	NAME ALAN PROCTOR		TITLE	NAME	
STREET ADDRESS	2506 LAKEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	CHICKASHA, OK 73018		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 3/9/04	
				DAYTIME PHONE #: 904-824-4493	