

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

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**



04232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0734722

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, WHITE G
601 S. PONCE DE LEON BLVD.
A
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 N/A

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
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000330933
04/25/05-80177-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, THOMAS G
STREET ADDRESS	601 S PONCE DE LEON BLVD SUITE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	VP
NAME	LOCKE, HAROLD
STREET ADDRESS	5468 DOBBS ROAD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	LERBS, MARIANNE
STREET ADDRESS	601 S. PONCE DE LEON BLVD., SUITE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	LANG, KEVIN
STREET ADDRESS	87 KEITH ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	O'NEILL, THOMAS
STREET ADDRESS	702 CASCO WAY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	PROCTOR, ALAN
STREET ADDRESS	2506 LAKEWOOD DR.
CITY-ST-ZIP	CHICKASHA, OK 73018

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IN THIS SPACE**

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: THOMAS GLOVER W. X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/05 904.829.0873
Date Daytime Phone #