

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008616

FILED
Apr 28, 2008
Secretary of State

Entity Name: ST. AUGUSTINE SCULPTURE GARDEN, INC.

Current Principal Place of Business:

601 S. PONCE DE LEON BLVD.
A
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

601 S. PONCE DE LEON BLVD.
A
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 76-0734722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, WHITE G
601 S. PONCE DE LEON BLVD.
A
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: P () Delete
Name: WHITE, THOMAS G
Address: 601 S PONCE DELEON BLVD SUITE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: LOCKE, HAROLD
Address: 5468 DOBBS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LERBS, MARIANNE
Address: 601 S. PONCE DE LEON BLVD., SUITE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LANG, KEVIN
Address: 87 KEITH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: O'NEILL, THOMAS
Address: 702 CASCO WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: PROCTOR, ALAN
Address: 2506 LAKEWOOD DR.
City-St-Zip: CHICKASHA, OK 73018

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:

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: THOMAS GLOVER W.

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date