



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003519		
1. Entity Name ST. JOHNS COUNTY SHERIFF'S OFFICE FOUR STAR ASSOCIATION, INC.		
Principal Place of Business 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	Mailing Address 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SIMPSON, MARK E 4015 LEWIS SPEEDWAY 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHOAR, DAVID B 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRISS, WILLIAM B 75 KING STREET ST. AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, MARK E 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/8/2007 (904) 753-2167 <small>Date Daytime Phone #</small>



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2416222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/07-80010-006 61.25