

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**

**Jun 16, 2008 08:00 AM**  
**Secretary of State**



06112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	SHOAR, DAVID B
STREET ADDRESS	4015 LEWIS SPEEDWAY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	C
NAME	HARRISS, WILLIAM B
STREET ADDRESS	75 KING STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	ST
NAME	SIMPSON, MARK E
STREET ADDRESS	4015 LEWIS SPEEDWAY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/08 (904) 810-3682

Date

Daytime Phone #