


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90072 011 \*\*\*\*61.25

**DOCUMENT # N05000006928**

1. Entity Name  
 THE ST. AUGUSTINE FOUR, INC.



Principal Place of Business  
 151 KING STREET  
 ST AUGUSTINE, FL 32084

Mailing Address  
~~700 LINCOLN STREET~~ **249 Charlotte St**  
 ST AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>30-0332851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~JOHN EDWARDS-HAMILTON~~ **Dorothy L Bell**  
~~151 KING STREET~~ **249 Charlotte St**  
 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 *Dorothy L. Bell* **DLB**  
**3-31-4-02-08**  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS-HAMILTON, AUDREY 151 KING STREET ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <del>JOHN EDWARDS-HAMILTON</del> <b>JOE ANN Anderson-Ulmer</b> 151 KING STREET ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, DOROTHY L 249 CHARLOTTE ST(151 KING STREET) ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, DOROTHY 151 KING STREET 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: *Audrey Hamilton* **4-2-08** **904 99388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #