

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006928

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** THE ST. AUGUSTINE FOUR, INC.

**Current Principal Place of Business:**

151 KING STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

650 JULIA ST.  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 30-0332851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, CHRISTOPHER H  
650 JULIA STREET  
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: DP  
Name: EDWARDS-HAMILTON, AUDREY  
Address: 151 KING STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DV  
Name: DUNCAN, DALONJA M  
Address: 55 ONEIDA ST.  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DS  
Name: BELL, DOROTHY L  
Address: 249 CHARLOTTE ST(151 KING STREET)  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DT  
Name: JOHNSON, DOROTHY  
Address: 151 KING STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DVP2  
Name: CHRISTOPHER, WHITE H  
Address: 650 JULIA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: AUDREY NELL EDWARDS

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date