

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 040 ****70.00

DOCUMENT # N06000004355					
1. Entity Name ST. AUGUSTINE FOOT SOLDIERS REMEMBRANCE PROJECT, INC.					
Principal Place of Business 13 DR. R.B. HAYLING PLACE ST. AUGUSTINE, FL 32084-4025			Mailing Address PO BOX 164 ST. AUGUSTINE, FL 32084-4025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 204826512	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOLES, JR., JOSEPH L 19 RIBERIA STREET ST. AUGUSTINE, FL 32084			Name <u>Cynthia McAuliffe</u> Street Address (P.O. Box Number is Not Acceptable) <u>115 Ferdinand Avenue</u> City <u>St. Augustine</u> <u>FL</u> Zip Code <u>32080</u>		
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 <u>Cynthia McAuliffe, Secretary</u> <u>2/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICKERS, BARBARA H 13 DR. R.B. HAYLING PLACE ST. AUGUSTINE, FL 320844025		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCAULIFFE, CYNTHIA 115 FERDINAND AVENUE ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KALANIK, BARBARA A 8 WILLOW DRIVE ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWNDES, ALMARENE 18 CHRISTOPHER ST.G PLACE ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sally Gardner 57 Fullerwood Drive St Augustine FL 32084	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barbara Vickers</u> <u>Barbara Vickers</u> <u>2/7/07</u> <u>904-829-5649</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					