

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004355

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** ST. AUGUSTINE FOOT SOLDIERS REMEMBRANCE PROJECT, INC.

**Current Principal Place of Business:**

13 DR. R.B. HAYLING PLACE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

57 FULLERWOOD DRIVE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 20-4826512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLES, JOSEPH L ATTY.  
19 RIBERIA 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:** P  
**Name:** VICKERS, BARBARA H  
**Address:** 13 DR. R.B. HAYLING PLACE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** S  
**Name:** MCAULIFFE, CYNTHIA  
**Address:** 115 FERDINAND AVENUE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** V  
**Name:** KALANIK, BARBARA A  
**Address:** 8 WILLOW DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** T  
**Name:** GARDNER, SALLY  
**Address:** 57 FULLERWOOD DR.  
**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:** BARBARA H. VICKERS

P

02/03/2010

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

\_\_\_\_\_  
Date