

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011354

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** ANCIENT CITY PRIDE, INC.

**Current Principal Place of Business:**

216 BLUEBIRD LN.  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1392  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 26-1470952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UVEGES, BRUCE A  
516 VISTA RIA CT.  
ST. AUGUSTINE, FL 32080 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: MR  
Name: BALLARD, GEORGE L  
Address: 516 VISTA RIA CT.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR  
Name: BISHOP, THOMAS G  
Address: 216 BLUEBIRD LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR  
Name: BARKER, SHAWN  
Address: 149 ABBOTTS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MR  
Name: BRANCH, DENNIS  
Address: 37 ROHDE AVENUE, APT. 1  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MS  
Name: ROSS, DIANE  
Address: 3975 SOUTH FRANCIS  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: THOMAS G BISHOP

MR

02/04/2011

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

\_\_\_\_\_  
Date