

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003722

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** THE ST. AUGUSTINE TRUST FOR HISTORIC PRESERVATION, INC.

**Current Principal Place of Business:**

19 RIBERIA STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

19 RIBERIA STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLES, JOSEPH L JR  
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: D  
Name: BOLES, JOSEPH L JR  
Address: 19 RIBERIA STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: REGAN, JOHN P  
Address: 25 SOLANO AVENUE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D  
Name: STE. CLAIRE, DANA  
Address: 820 TURTLE LAKE COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JOSEPH L BOLES JR

D

03/16/2011

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

\_\_\_\_\_  
Date