

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009000

FILED  
Aug 01, 2012  
Secretary of State

**Entity Name:** WEST AUGUSTINE HISTORICAL COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

905 WEST PEARL ST  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

1029 WEST PEARL STREET  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

905 WEST PEARL ST  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

P. O. BOX 553  
ST. AUGUSTINE, FL 32085

**FEI Number:** 27-4298001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITE, GREGORY B SR.  
905 WEST PEARL ST  
ST. AUGUSTINE, FL 32084 US

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

WHITTY, ANTONIO K  
855 S. ST. JOHN ST.  
ST. AUGUSTINE, FL 32084 US

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: ANTONIO K. WHITTY

08/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: WHITE, GREGORY B SR.  
Address: 905 WEST PEARL ST  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: P/ED  
Name: WHITTY, ANTHONY  
Address: 855 S. ST. JOHNS ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DIR  
Name: COOPER, WILLIE SR  
Address: 455 S. VOLUSIA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D/T  
Name: WILLIS, DWALA E  
Address: 895 S. ORANGE ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D/S  
Name: WILLIAMS, DOROTHY  
Address: 877 W.3RD ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DIR  
Name: CRAWFORD, TOM  
Address: 54 MIRUELA AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32085

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: ANTONIO K. WHITTY

PRES

08/01/2012

Electronic Signature of Signing Officer or Director

Date