


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N39131 1. Entity Name ST. AUGUSTINE EASTER WEEK FESTIVAL, INC.			
Principal Place of Business P.O. BOX 3631 ST. AUGUSTINE, FL 32085		Mailing Address P.O. BOX 3631 ST. AUGUSTINE, FL 32085	
DO NOT WRITE IN THIS SPACE			
		 02122005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2910400		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAUBER, EVELYN D 5155 AVENUE B ST. AUGUSTINE, FL 32095		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <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, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCARTHY, KERRY 604 BAYWOOD TRL SAINT AUGUSTINE, FL 32086		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHALEY, JANELLE P 6566 SHERRY LN SAINT AUGUSTINE, FL 32095		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCLELLAN, JOANNE 2175 CARTER RD SAINT AUGUSTINE, FL 32084		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRUITT, THERESA PO BOX 5384 SAINT AUGUSTINE, FL 32085		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STAUBER, EVELYN D 5155 AVENUE B SAINT AUGUSTINE, FL 32095		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Evelyn D. Stauber</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/15/05 904-824-3668 <small>Date Daytime Phone #</small>	