

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39131

FILED
Mar 08, 2007
Secretary of State

Entity Name: ST. AUGUSTINE EASTER WEEK FESTIVAL, INC.

Current Principal Place of Business:

P.O. BOX 3631
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

478TATE ROAD 16
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 3631
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2910400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUBER, EVELYN D
5155 AVENUE B
ST. AUGUSTINE, FL 32095 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: PD () Delete
Name: WHALEY, JANELLE P
Address: 6566 SHERRY LN
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VD () Delete
Name: WEBB, ROBERT
Address: 478 STATE ROAD 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: PRUITT, THERSEA
Address: P. O. BOX 5384
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: SD () Delete
Name: WEBB, DEBORA
Address: 478 STATE ROAD 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD () Delete
Name: STAUBER, EVELYN D
Address: 5155 AVENUE B
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVELYN D. STAUBER

TD

03/08/2007

Electronic Signature of Signing Officer or Director

Date