

FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45824 (2)**  
1. Corporation Name  
**ST. AUGUSTINE TECHNICAL CENTER FOUNDATION, INC.**



Principal Place of Business <b>5845 CAPO ISLAND RD ST AUGUSTINE FL 32084- US</b>	Mailing Address <b>5845 CAPO ISLAND RD ST AUGUSTINE FL 32085-8025 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24 32095</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

3. Date Incorporated or Qualified <b>10/30/1991</b>	3a. Date of Last Report <b>07/05/1996</b>
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4. FEI Number <b>59-3119022</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WORLEY, MARYNEIL 5845 CAPO ISLAND RD ST AUGUSTINE FL 32084-</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL 85 Zip Code 32095</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD YOUNG, WILLIAM F.</b>
STREET ADDRESS	<b>707 B OLD BEACH RD</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D UPTON, RALPH JR.</b>
STREET ADDRESS	<b>30 REDICK LANE</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD VON INS, PAUL R.</b>
STREET ADDRESS	<b>23 LAKESHORE DR</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD WORLEY, MARYNEIL</b>
STREET ADDRESS	<b>5845 CAPO ISLAND RD</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D POWELL, WENDELL W</b>
STREET ADDRESS	<b>18 AVISTA CIRCLE</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)