

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000229

FILED
Apr 20, 2004
Secretary of State

Entity Name: THE ST. JOHN'S HISTORICAL EVENT CORPORATION

Current Principal Place of Business:

11374 WEEDEN ISLAND WAY
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

11374 WEEDEN ISLAND WAY
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3174233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONDI, GAIL
11374 WEEDEN ISLAND WAY
JACKSONVILLE, FL 32225 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: DS () Delete
Name: SNEED, DENISE
Address: 5640 WILTSHIRE ST
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: ERNDEHAZY, JR W S
Address: 11374 WEEDEN ISLAND WAY
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: WADE, CYNTHIA
Address: 1002 BARRS ST
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: BONDI, GAIL
Address: 11374 WEEDEN ISLAND WAY
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W S ERNOEHAZY, JR

VD

04/20/2004

Electronic Signature of Signing Officer or Director

Date