

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002994 (2)**

1. Corporation Name

**ST. AUGUSTINE - ST. JOHNS COUNTY CHAMBER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**ONE RIBERIA STREET  
ST AUGUSTINE FL 32084**

**ONE RIBERIA STREET  
ST AUGUSTINE FL 32084**



3. Date Incorporated or Qualified

**07/06/1993**

4. FEI Number

**59-3243739**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK, DON  
ONE RIBERIA STREET  
ST AUGUSTINE FL 32084**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGUINNESS, A J	
STREET ADDRESS	24 CATHEDRAL PL #403	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORDY, JOE	
STREET ADDRESS	400 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHRIS	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	<del>MIKE NICOLASI</del>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 South Park Blvd #404
3.4 CITY-ST-ZIP	St Augustine FL 32086
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Nicolosi
4.3 STREET ADDRESS	1850 US 1 S.
4.4 CITY-ST-ZIP	St Augustine FL 32086
5.1 TITLE	<del>MIKE NICOLASI</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DON Patrick
5.3 STREET ADDRESS	1 Riberia St
5.4 CITY-ST-ZIP	St Augustine FL 32084
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 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:

*Don Patrick*

4/23/98

904-824-8142

CR2E037 (10/97)