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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90043 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002994

1. Corporation Name

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

Principal Place of Business

ONE RIBERIA STREET
 ST AUGUSTINE FL 32084

Mailing Address

ONE RIBERIA STREET
 ST AUGUSTINE FL 32084

* 4 2 6 8 9 5
 426095 - 90043 - 26



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/06/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3243739
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PATRICK, DON
ONE RIBERIA STREET
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDY, JOE	1.2 NAME	
STREET ADDRESS	400 HEALTH PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHRIS	2.2 NAME	
STREET ADDRESS	100 SOUTH PARK BLVD, 404	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLOSI, MIKE	3.2 NAME	
STREET ADDRESS	1850 US 1 S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	
TITLE	SM <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, DON	4.2 NAME	
STREET ADDRESS	1 RIBERIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT G. BEXLEY	5.2 NAME	
STREET ADDRESS	1700 DOBBS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Don Patrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

904-824-8142
 Daytime Phone #

CR2E037 (11/98)