2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N93000002994

Entity Name: ST. AUGUSTINE - ST. JOHNS COUNTY CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

ONE RIBERIA STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

ONE RIBERIA STREET
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3243739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICK, DON
ONE RIBERIA STREET
ST AUGUSTINE, FL 32084 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: VD ( ) Delete
Name: TIMMONS, SUSAN
Address: 250 VILANO RD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MP ( ) Delete
Name: PATRICK, DON
Address: 1 RIBERIA ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PD ( ) Delete
Name: PENNINGTON, JAMES
Address: 62 ST GEORGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: HALBACK, FRED
Address: 287 ST GEORGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD (X) Delete
Name: MUCEIO, FRANK
Address: 232 TREASURE BEACH RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TIMMONS, SUSAN
Address: 250 VILANO RD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: STD (X) Change ( ) Addition
Name: BIRNEY, JOHN
Address: 200 MALAGA ST #1
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD (X) Change ( ) Addition
Name: HALBACK, FRED
Address: 287 ST GEORGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: SUSAN TIMMONS PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date