

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002994

FILED
Apr 26, 2006
Secretary of State

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:

BURCHFIELD, ROBIN
1 RIBERIA STREET
SAINT 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: MP () Delete
Name: BURCHFIELD, ROBIN
Address: 1 RIBERIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: BIRNEY, JOHN
Address: 200 MALAGA ST #1
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: STD () Delete
Name: SIRAGUSA, MIKE
Address: 780 N. PONCE DE LEON BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BIRNEY, JOHN
Address: 259 SAN MARCO AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PD (X) Change () Addition
Name: SIRAGUSA, MIKE
Address: 780 N. PONCE DE LEON BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: STD () Change (X) Addition
Name: COSTEIRA, TOM
Address: 71 SOUTH DIXIE HIGHWAY #10A
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBIN BURCHFIELD

MP

04/26/2006

Electronic Signature of Signing Officer or Director

Date