2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002994

FILED Apr 11, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: ONE RIBERIA STREET ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** ONE RIBERIA STREET ST AUGUSTINE, FL 32084 FEI Number: 59-3243739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURCHFIELD, ROBIN 1 RIBERIA STREET SAINT AUGUSTINE, FL 32084 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BURCHFIELD, ROBIN Name: Name: 1 RIBERIA STREET Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete BIRNEY, JOHN Name: SIRAGUSA, MIKE Name: Address: 259 SAN MARCO AVE. Address: 780 PONCE DE LEON BLVD. City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: PD() Delete Title: PD (X) Change () Addition SIRAGUSA, MIKE COSTEIRA, TOM Name: Name: 780 N. PONCE DE LEON BLVD. 4717 MEADOWWOOD LANE Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: ELKTON, FL 32033 (X) Change () Addition Title: STD () Delete Title: STD Name: SIRAGUSA, MIKE Name: BELL, HARRY 780 N. PONCE DE LEON BLVD. Address: Address: 120 SR 312 WEST City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: () Delete Title: (X) Change () Addition COSTEIRA, TOM BELL, HARRY Name: Name: 71 SOUTH DIXIE HIGHWAY #10A Address: Address: 120 SR 312 WEST City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32086

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 04/11/2007