

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000005916

1. Entity Name
CITIZENS FOR A SAFE NEW BRIDGE, INC.



Principal Place of Business
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084

Mailing Address
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084



04152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUNK, ART SR
STREET ADDRESS	61 DOLPHIN DRIVE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	PD
NAME	DANIELS, JOHN W
STREET ADDRESS	61 AVISTA CIRCLE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	STD
NAME	CREADICK, JOHN D
STREET ADDRESS	5870-G CAPO ISLAND RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	DRYSOLE, DAVID
STREET ADDRESS	140 PELICAN REEF DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	THOMPSON, PIERRE D
STREET ADDRESS	206 PELICAN REEF DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	YOUNG, WILLIAM F
STREET ADDRESS	833 KALLI CREEK LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080

U00000521067
05/02/06-80123-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. Daniels JOHN W. DANIELS 4-17-06 904824-3594