

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 018 ****61.25

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

DO NOT WRITE IN THIS SPACE



05192007 No Chg-NP

CR2E037 (4/06)

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

**DO NOT WRITE
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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUNK, ART SR
61 DOLPHIN DRIVE
ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DANIELS, JOHN W
61 AVISTA CIRCLE
ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CREADICK, JOHN D
5870-G CAPO ISLAND RD
ST. AUGUSTINE, FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DRYSOLE, DAVID
140 PELICAN REEF DRIVE
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, PIERRE D
206 PELICAN REEF DRIVE
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOUNG, WILLIAM F
833 KALLI CREEK LANE
ST. AUGUSTINE, FL 32080

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IN THIS SPACE**

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:

John W. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/07
Date

904-824-3594
Daytime Phone #