


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000002964		
1. Entity Name ST. JOHNS COUNTY CULTURAL COUNCIL, INC.		

FILED  
05 MAR 14 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 17 BRIDGE STREET ST. AUGUSTINE, FL 32084 US	Mailing Address 17 BRIDGE STREET ST. AUGUSTINE, FL 32084 US
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2. Principal Place of Business 370 A1A Beach Blvd.	3. Mailing Address P.O. Box 840145
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State St. Augustine, FL	City & State St. Augustine, FL
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Zip 32080	Country U.S.	Zip 32080	Country 32080
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4. FEI Number 59-3581209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JERTSON, JAN 17 BRIDGE ST. ST. AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name Williams, Becky Street Address (P.O. Box Number is Not Acceptable)  330 Monika Place City St. Augustine, FL 32080
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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 Becky Williams <i>Becky Williams</i>	03/22/05--01026--016 **297.50 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JERTSON, JAN 17 BRIDGE STREET ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Becky 330 Monika Place St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID 84 COQUINA AVE ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, David 44 Andalusia Court St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPAULDING, JAMES R 32 DOLPHIN DRIVE ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rowland, Virginia 41 Sandpiper Dr. St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEX 32 CORDOVA STREET SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Les 32 Cordova St. St. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, CRAIG 6 D STREET ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McAloon, Mandee 46 Surf Drive St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEMAN, SALLY ANN 634 MARINE STREET SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jacobs, Mary 356 Ocean Trace Road St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Becky Williams <i>Becky Williams</i>	3/7/05 904-460-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	