

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002964

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: ST. JOHNS COUNTY CULTURAL COUNCIL, INC.

## Current Principal Place of Business:

370 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 840145  
ST AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 59-3581209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDANIEL, PHILIP  
51 WATER ST  
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: P ( ) Delete  
Name: MCDANIEL, PHILIP  
Address: 51 WATER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V ( ) Delete  
Name: FURGENSEN, KAREN  
Address: 28 E PRK AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: RAHNER, JEAN  
Address: 67 LIGHTHOUSE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: THOMAS, LES  
Address: 32 CORDOVA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T (X) Delete  
Name: MCALOAN, MARDEE  
Address: 5901 RIO ROYALLE RD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCDANIEL, PHILIP  
Address: 51 WATER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: V (X) Change ( ) Addition  
Name: COSTEIRA, TOM  
Address: 4517 MEADOW WOOD LANE  
City-St-Zip: ELKTON, FL 32033 US

Title: S (X) Change ( ) Addition  
Name: RAHNER, JEAN  
Address: 67 LIGHTHOUSE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: T (X) Change ( ) Addition  
Name: THOMAS, LES  
Address: 32 CORDOVA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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

I hereby certify that the information supplied with this filing does not qualify 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: LES THOMAS

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date