

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002964

FILED  
Mar 29, 2011  
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:**

THOMAS, LES  
32 CORDOVA STREET  
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  
**Name:** BLEDSOE, TOM  
**Address:** 31 COLONY STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084 US

**Title:** V  
**Name:** PARKS, SANDRA  
**Address:** 71 VALENCIA STREET  
**City-St-Zip:** ST. AUGUSTINE, FL 32084 US

**Title:** S  
**Name:** BERGBOM, MELINDA  
**Address:** 6327 SALADO ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 US

**Title:** T  
**Name:** THOMAS, LES  
**Address:** 32 CORDOVA STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

**SIGNATURE:** LES THOMAS

T

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date