




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90066 039 ****61.25

DOCUMENT # N99000003783					
1. Entity Name ST. AUGUSTINE CENTRE TRANSPORTATION DEMAND MANAGEMENT ORGANIZATION, INC.					
Principal Place of Business 300 INTERNATIONAL PKWY SUITE 184 HEATHROW, FL 32746			Mailing Address 300 INTERNATIONAL PKWY SUITE 184 HEATHROW, FL 32746		
2. Principal Place of Business 951 Market Promenade Ave. Suite, Apt. #, etc. Suite 2105 City & State Lake Mary, FL Zip 32746 Country USA		3. Mailing Address 951 Market Promenade Ave. Suite, Apt. #, etc. Suite 2105 City & State Lake Mary, FL Zip 32746 Country USA			
4. FEI Number 59-3621775				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHELPS, SPENCER 300 INTERNATIONAL PKWY SUITE 184 HEATHROW, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 951 Market Promenade Ave. Suite 2105 City Lake Mary FL Zip Code 32746		
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, FRANK J 300 INTERNATIONAL PKWY STE#184 HEATHROW, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PHELPS, SPENCER 300 INTERNATIONAL PKWY #184 HEATHROW, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 			SPENCER PHELPS 4-19-04 (407) 804-8949		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		