# 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000003489

Entity Name: ANCIENT CITY PRIVATEERS, INC.

**FILED** Nov 07, 2024 **Secretary of State** 6608471942CC

### **Current Principal Place of Business:**

2465 US HIGHWAY1 SOUTH

**PMB 107** 

ST. AUGUSTINE, FL 32086

## **Current Mailing Address:**

2465 US HIGHWAY1 SOUTH **PMB 107** 

ST. AUGUSTINE, FL 32086 US

FEI Number: 26-4691252 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

THOMAS, MICHAEL R 2465 US HIGHWAY1 SOUTH **PMB 107** ST. AUGUSTINE, FL 32086 US

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: MICHAEL R THOMAS 11/07/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER
Name	THOMAS, MICHAEL R	Name	TENDO, TIANA

2465 US HIGHWAY1 SOUTH 2465 US HIGHWAY1 SOUTH Address Address **PMB 107** 

**PMB 107** 

**PRESIDENT** 

City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32086

Title Title ASST. SECRETARY Name JOHNS, ANGIE Name DELFOSSE, CONNIE

Address 2465 US HIGHWAY1 SOUTH Address 2465 US HIGHWAY1 SOUTH

PMB 107 PMB 107

City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32086

SIGNATURE: MICHAEL R THOMAS

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.