## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003489

Entity Name: ANCIENT CITY PRIVATEERS, INC.

**Current Principal Place of Business:** 

109 LAKEVIEW WAY INTERLACHEN, FL 32148

**Current Mailing Address:** 

P.O. BOX 4504

ST AUGUSTINE. FL 32085

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

Name and Address of Current Registered Agent:

ANCIENT CITY PRIVATEERS, INC. 1425 COUNTY ROAD 13 SOUTH ST AUGUSTINE, FL 32092 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: ANNE A. BERKEY 01/12/2015

Electronic Signature of Registered Agent

Date

FILED Jan 12, 2015

**Secretary of State** 

CC0109314982

Officer/Director Detail:

Title P Title VP

NamePALLAS, LEENameKELLEY, BLAKEAddressP.O. BOX 4504AddressP.O. BOX 4504

City-State-Zip: ST AUGUSTINE FL 32084 City-State-Zip: ST AUGUSTINE FL 32084

Title S

Name BERKEY, ANNE A
Address P.O. BOX 4504

City-State-Zip: ST AUGUSTINE FL 32084

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: ANNE A. BERKEY

SECRETARY/TREASURER 01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date