

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006150

Entity Name: THE ST. ANDREW'S CHURCH FOUNDATION, INC.**Current Principal Place of Business:**7801 LONE STAR ROAD
JACKSONVILLE, FL 32211**Current Mailing Address:**7801 LONE STAR ROAD
JACKSONVILLE, FL 32211 US**FEI Number: 59-3746136****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FENNER, DAVID
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	TD
Name	PULSIFER, TRICIA
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	SD
Name	VAN HOEK, SHARON
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	D
Name	CHARRON, EDWARD
Address	7801 LONE STAR RD
City-State-Zip:	JACKSONVILLE FL 32216

Title	PD
Name	CHARRON, MATT
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	VPD
Name	JENKINS, LINDA
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	D
Name	FOWLER, MICHELLE
Address	7801 LONE STAR ROAD
City-State-Zip:	JACKSONVILLE FL 32211

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: TRICIA L PULSIFER**TREASURER****04/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date