

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008921

Entity Name: TRANSFORMATION CHURCH OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**69 SOUTH DIXIE HIGHWAY
E
ST. AUGUSTINE, FL 32084**Current Mailing Address:**69 SOUTH DIXIE HIGHWAY
E
ST. AUGUSTINE, FL 32084 US**FEI Number: 30-0505431****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWTON, JACOB L. REV.
4237 MAINE STREET
ELKTON, FL 32033 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:** JACOB NEWTON

02/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PASTOR
Name NEWTON, JACOB L. REV.
Address 4237 MAINE STREET
City-State-Zip: ELKTON FL 32033Title BD
Name LOYD, EDITH
Address 4824 AVENUE D
City-State-Zip: ST. AUGUSTINE FL 32095Title BD
Name RAMSEY, ROBERT
Address 69 SOUTH DIXIE HIGHWAY
E
City-State-Zip: ST. AUGUSTINE FL 32084Title BD
Name LAFLAMME, TONIA
Address 1245 RICHIE DR.
City-State-Zip: ST. AUGUSTINE FL 32086Title BD
Name NICHOLSON, SAMANTHA
Address 1036 PURYEAR ST.
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: JACOB L NEWTON

PASTOR

02/19/2023

Electronic Signature of Signing Officer/Director Detail

Date