

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000186

**Entity Name:** ST. AUGUSTINE MUSIC FESTIVAL INC.**Current Principal Place of Business:**410 PALACE DR  
ST. AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 833  
ST. AUGUSTINE, FL 32085-0833 US**FEI Number:** 26-4080391**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENA, JORGE A  
8718 EMERALD ISLE CIRCLE SOUTH  
JACKSONVILLE, FL 32216 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 DIRECTOR  
Name PENA, JORGE A  
Address 8718 EMERALD ISLE CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER  
Name HUPPERT, NANCY  
Address 11 NELAMR AVEENUE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title VC  
Name JONES, RENEE  
Address 665 WEST MARINA COVE DRIVE APT  
163  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name SNYDER, DEBORAH  
Address 28 LAKE JULIA DRIVE S  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name KIM, JINWON  
Address 8718 EMERALD ISLE CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN  
Name BOXER, WILLIAM  
Address 840 S LONGNEEDLE DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title SECRETARY  
Name CINBERG, MARGARET  
Address 836 LONGNEEDLE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title DIRECTOR  
Name WAGNER, KARLA  
Address 323 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

**Continues on page 2**

*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: WILLIAM BOXER****CHAIRMAN****06/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HANCOCK, KATHERYN  
Address 214 13TH AVE. N. UNIT B  
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR  
Name BOVA, MICHELLE  
Address 306 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name RIVERA, JORGE  
Address PO BOX 1774  
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR  
Name WALLIS, KATHERYN  
Address 3425 LANDS END DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name SCOTT, ANTONIO  
Address 516 DEER CROSSING ROAD  
City-State-Zip: ST. AUGUSTINE FL 32086