

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000186

Entity Name: ST. AUGUSTINE MUSIC FESTIVAL INC.**Current Principal Place of Business:**8718 EMERALD ISLE CIRCLE SOUTH
JACKSONVILLE, FL 32216**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 DIRECTOR
Name HUPPERT, NANCY
Address 410 PALACE DRIVE
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 HANCOCK, KATHERYN
Address 214 13TH AVE. N. UNIT B
City-State-Zip: JACKSONVILLE FL 32250

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

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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

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 REGAN, FELICIA
Address 25 SOLANO AVENUE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name BERGSTROM, ROBERT
Address 3513 KINGS ROAD SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32086

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

Title DIRECTOR
Name FRANCIS, ROSE
Address 1241 LONDON AVENUE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name SIMIC, KATHY
Address 4707 COQUINA CROSSING
City-State-Zip: ELKTON FL 32033

Title DIRECTOR
Name FLYNT, JENNIFER
Address 22 MARINE STREET
City-State-Zip: SAINT AUGUSTINE FL 32084