

**2022 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 KIM, JINWON  
Address 8718 EMERALD ISLE CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

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

**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**EXECUTIVE DIRECTOR****04/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name GLADSTONE, PETER  
Address 105 E BERKSWELL DRIVE  
City-State-Zip: ST. JOHNS FL

Title DIRECTOR  
Name RANKIN, AMY  
Address 1750 BELMONTE AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name MCINTYRE, DAVID  
Address 3 SEVILLA ST  
City-State-Zip: SAINT AUGUSTINE FL 32084

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

Title DIRECTOR  
Name WEINER, LOWELL  
Address 1001 WEST DORCHESTER DRIVE  
City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR  
Name NELSON, SHAYLA  
Address 347 MONTIANO CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DIRECTOR  
Name ELLLIOTT, KIMBERLYN  
Address 102 M L KING AVENUE  
City-State-Zip: SAINT AUGUSTINE FL