

**2015 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 300  
ST. AUGUSTINE, FL 32085-0300 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	AD
Name	PENA, JORGE A
Address	8718 EMERALD ISLE CIRCLE SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	CD
Name	BREZING, DAVID P
Address	5 CINCINNATI AVE
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SD
Name	DAVID, FOSTER
Address	8291 RIDING CLUB RD.
City-State-Zip:	JACKSONVILLE FL 32256

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

Title	VCD
Name	PONTON LEWIS, JANET
Address	160 AVENIDA MENENDEZ
City-State-Zip:	ST AUGUSTINE FL 32084

Title	TD
Name	PALMER, RHEY
Address	5 CINCINNATI AVE
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:** R RHEY PALMER**TREASURER****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date