| 56 LITTLE OW<br>ST. AUGUSTIN   |  |  |   |                      |
|--|--|--|---|----------------------|
| Current Ma   | iling Address:   |  |   |                      |
| PO BOX 33<br>ST. AUGUS   | 72<br>TINE, FL 32085 US  |  |   |                      |
| FEI Number: 59-6150976   |  | Certificate of Status Desired: No                    |   |                      |
| Name and A   | Address of Current Registered Agent:   |  |   |                      |
| SEGUI, MARC<br>56 LITTLE OW<br>ST. AUGUSTIN                                      |  |  |   |                      |
|  |  |  |   |                      |
| The above name   | d entity submits this statement for the purpose of changing its reg  | stered office or regis                               | tered agent, or both, in the State of Flo                             | orida.               |
|  | d entity submits this statement for the purpose of changing its regines a statement for the purpose of changing its regines a statement of the | stered office or regis                               | stered agent, or both, in the State of Flo                            | orida.<br>02/04/2019 |
|  |  | stered office or regis                               | tered agent, or both, in the State of Flo                             |                      |
| SIGNATUR   | E: LINNEA J. ANNUCCI   | istered office or regis                              | tered agent, or both, in the State of Flo                             | 02/04/2019           |
| SIGNATUR   | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent   | stered office or regis                               | stered agent, or both, in the State of Flo                            | 02/04/2019           |
| SIGNATUR<br>Officer/Dire   | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent   |  |   | 02/04/2019           |
| SIGNATUR<br>Officer/Dire   | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent   | Title  | V   | 02/04/2019           |
| SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address                             | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent<br>ector Detail :<br>T<br>SEGUI, MARCIANA   | Title<br>Name  | V<br>COOPER, MIMI<br>3070 HARBOR DRIVE                                | 02/04/2019           |
| SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address                             | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent<br><b>Extor Detail :</b><br>T<br>SEGUI, MARCIANA<br>56 LITTLE OWL LANE  | Title<br>Name<br>Address                             | V<br>COOPER, MIMI<br>3070 HARBOR DRIVE                                | 02/04/2019           |
| SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:          | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent<br>Cotor Detail :<br>T<br>SEGUI, MARCIANA<br>56 LITTLE OWL LANE<br>ST. AUGUSTINE FL 32086   | Title<br>Name<br>Address<br>City-State-Zip:          | V<br>COOPER, MIMI<br>3070 HARBOR DRIVE<br>ST. AUGUSTINE FL 32084      | 02/04/2019           |
| SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | E: LINNEA J. ANNUCCI<br>Electronic Signature of Registered Agent<br><b>ECTOR Detail :</b><br>T<br>SEGUI, MARCIANA<br>56 LITTLE OWL LANE<br>ST. AUGUSTINE FL 32086<br>P   | Title<br>Name<br>Address<br>City-State-Zip:<br>Title | V<br>COOPER, MIMI<br>3070 HARBOR DRIVE<br>ST. AUGUSTINE FL 32084<br>S | 02/04/2019           |

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: MARCIANA SEGUI

TREASURER

02/04/2019

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0900001344

## Entity Name: ALTRUSA INTERNATIONAL OF ST. AUGUSTINE, INC.

## FILED Feb 04, 2019 **Secretary of State** 2706429301CC

Date