

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001326

Entity Name: FELLOWSHIP OF PALENCIA, INC.**Current Principal Place of Business:**96 PARADAS PLACE
ST AUGUSTINE, FL 32092**Current Mailing Address:**96 PARADAS PLACE
ST AUGUSTINE, FL 32092 US**FEI Number:** 27-1921764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUPONT, SCOTT C. ATTORNEY
96 PARADAS PL
150
ST. AUGUSTINE, FL 32092 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	P
Name	BAUER, LONNA PASTOR
Address	96 PARADAS PLACE
City-State-Zip:	ST AUGUSTINE FL 32092

Title	DIRECTOR
Name	HARTMAN, WILLIAM E
Address	1720 WINFRED DR WEST
City-State-Zip:	ORANGE PARK FL 32073

Title	T
Name	BAUER, LONNIE PASTOR
Address	96 PARADAS PLACE
City-State-Zip:	ST AUGUSTINE FL 32092

Title	S
Name	HARDIN, TAYLOR
Address	160 CLIFTON BAY LOOP
City-State-Zip:	ST. AUGUSTINE FL 32259

Title	COO
Name	HARDIN, MIC
Address	160 CLIFTON BAY LOOP
City-State-Zip:	ST. AUGUSTINE FL 32259

Title	SA
Name	HARTMAN, WILLIAM E.
Address	1720 WINFRED DR. WEST
City-State-Zip:	ORANGE PARK FL 32073

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: LONNA LYNN BAUER**PRESIDENT****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date