

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005334

**Entity Name:** ST. AUGUSTINE MARITIME HERITAGE FOUNDATION, INC.**Current Principal Place of Business:**

%ST. AUGUSTINE LIGHTHOUSE AND MUSEUM  
81 LIGHTHOUSE AVE  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

POST OFFICE BOX #4363  
ST AUGUSTINE, FL 32085 US

**FEI Number: 27-2788483****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

KEISER, MAURICE R  
329 VALVERDE LANE  
ST AUGUSTINE, FL 32086 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 PD  
Name KEISER, MAURICE R  
Address 329 VALVERDE LANE  
City-State-Zip: STA AUGUSTINE FL 32086

Title VPD  
Name JAEGER, ROY H  
Address 369 VALVERDE LANE  
City-State-Zip: STA AUGUSTINE FL 32086

Title TD  
Name COSTELLO, JOSEPH W  
Address 727 VICAYA BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

Title D  
Name TURNER, SAM  
Address 1462 N WHITNEY ST  
City-State-Zip: ST AUGUSTINE FL 32084

Title DSEC  
Name ALLEN, LINDA RADFORD  
Address 24 VERONESE CT  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name LANE, KAREN JAEGER  
Address 534 SEVILLA DR  
City-State-Zip: ST AUGUSTINE FL 32086

*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: LINDA R ALLEN****BOARD SECRETARY****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date