

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1300000716

**Entity Name:** ST. AUGUSTINE INITIATIVE FOR COMPASSION, INC.

**Current Principal Place of Business:**

2210 VISTA COVE ROAD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

2210 VISTA COVE ROAD  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 46-1939432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CULBERT, ARTHUR J JR.  
2210 VISTA COVE ROAD  
ST AUGUSTINE, FL 32084 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:** ARTHUR J. CULBERT, JR.

04/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CREMONA, RACHEL  
Address        74 KING STREET  
City-State-Zip: ST AUGUSTINE FL 32084

Title            DIRECTOR, TREASURER  
Name            MCCUSKEY, JOHN F  
Address        146 CREEKSIDE DRIVE  
City-State-Zip: ST AUGUSTINE FL 32086

Title            EXECUTIVE DIRECTOR  
Name            CULBERT, ARTHUR J JR.  
Address        2210 VISTA COVE ROAD  
City-State-Zip: ST AUGUSTINE FL 32084

Title            DIRECTOR  
Name            WILLIAMS, BECKY  
Address        278 FOX WAYER TRAIL  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name            RAHIM-BARAKZOY, SULTANA  
Address        305 VALVERDE LANE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name            THOMAS, ROBIN  
Address        147 MARTIN LUTHER KING STREET  
                  UNIT \*  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            PITTMAN, SKYLAR  
Address        107 KING STREET  
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:** ARTHUR J. CULBERT. JR.

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date