

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000716

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

**Current Principal Place of Business:**

115 WASHINGTON ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

115 WASHINGTON ST  
ST AUGUSTINE, FL 32084 US

**FEI Number: 46-1939432**

**Certificate of Status Desired: No**

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

VOORHEES, EDWIN H JR.  
115 WASHINGTON ST  
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: EDWIN H VOORHEES JR**

**01/18/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BULLOCK, ERVIN  
Address        4370 COASTAL HWY  
City-State-Zip: ST AUGUSTINE FL 32084

Title            DIRECTOR, ASST. TREASURER  
Name            VOORHEES, EDWIN H  
Address        115 WASHINGTON ST.  
City-State-Zip: ST AUGUSTINE FL 32084

Title            EXECUTIVE DIRECTOR  
Name            GOLDMAN, CAREN  
Address        115 WASHINGTON ST  
City-State-Zip: ST AUGUSTINE FL 32084

Title            DIRECTOR  
Name            SARTIANO, JENNIFER  
Address        726 CYPRESS CROSSING TRAIL  
City-State-Zip: ST. AUGUSTINE FL 32095

Title            DIRECTOR  
Name            CLARK, WARREN  
Address        137 TWINE ST.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            FURGESON, ALEXIUS  
Address        1590 MASTERS DRIVE  
                  UNIT \*  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            STRAUGHAN, LYNN  
Address        504 SALT WIND COURT EAST  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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: EDWIN H. VOORHEES**

**TREASURER**

**01/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date