

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

DOCUMENT# N15000002944

**Entity Name:** ROTARY CLUB OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**7411 FULLERTON STREET  
SUITE 300  
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 3927  
ST. AUGUSTINE, FL 32085 US**FEI Number:** 59-6152293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, LOUISE H  
7411 FULLERTON ST  
SUITE 300  
JACKSONVILLE, FL 32256 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:** LOUISE H ANDERSON

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name HILBERT, DANIEL  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name NELSON, MELISSA  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name HADJIS, CRAIG  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT ELECT  
Name DENCER, CLAUDIA  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name PARKER, SUSAN  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name CRUM, REBECCA  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name CRUM, BOBBY  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name MESSNER, COLLEEN  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

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*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:** REBECCA CRUM

TREASURER

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SERGEANT- AT-ARMS  
Name BOLES JR, JOE  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name BRATIC, ALAN  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name ALEXANDER, TADZIA  
Address 7411 FULLERTON  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name MCDONALD, LORNA  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name UPCHURCH, DAVID  
Address 7411 FULLERTON STREET  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256