

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

DOCUMENT# N15000002944

**Entity Name:** ROTARY CLUB OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DR STE 205A  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 3927  
ST. AUGUSTINE, FL 32085

**FEI Number: 59-6152293**

**Certificate of Status Desired: No**

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

ANDERSON, LOUISE H  
1301 PLANTATION ISLAND DR STE 205A  
ST. AUGUSTINE, FL 32080 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 ANDERSON, LOUISE H  
Address 1301 PLANTATION ISLAND DR STE 205A  
City-State-Zip: ST. AUGUSTINE FL 32080

Title P  
Name BATENHORST, KATHERINE  
Address PO BOX 4514  
City-State-Zip: ST. AUGUSTINE FL 32085

Title S  
Name KOVACS, KYLE  
Address 4250 A1A SOUTH H-34  
City-State-Zip: ST. AUGUSTINE FL 32080

Title T  
Name KOTRADY-HATIN, JODI  
Address 1301 PLANTATION ISLAND DR STE 205A  
City-State-Zip: ST. AUGUSTINE FL 32080

Title V  
Name CALLEGARI, CHRIS  
Address 953 OXFORD DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title D  
Name WARD, EARL  
Address 10 LEE DR  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: LOUISE H. ANDERSON**

**OFFICER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date