

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

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

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

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

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