

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010990

Entity Name: ST. AUGUSTINE HIGH SCHOOL SOFTBALL BOOSTER CLUB, INC.**FILED**
Feb 04, 2020
Secretary of State
7873461143CC**Current Principal Place of Business:**3205 VARELLA AVENUE
SOFTBALL FIELD
ST. AUGUSTINE, FL 32084**Current Mailing Address:**2800 N 6TH ST UNIT 1
PMB 161
ST. AUGUSTINE, FL 32084 US**FEI Number: 81-0726537****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANASTASIA LAW, P.L.
107 A 11TH STREET
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	DIRECTOR
Name	HAND, PEGGY
Address	3205 VARELLA AVENUE SOFTBALL FIELD
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	TREASURER
Name	DILLINGER, THERESA
Address	3205 VARELLA AVENUE SOFTBALL FIELD
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	PRESIDENT
Name	TAYLOR, TROY
Address	117 MISSION COVE CIR
City-State-Zip:	ST AUGUSTINE FL 32084

Title	VP
Name	MILLER, CAROL
Address	3205 VARELLA AVENUE SOFTBALL FIELD
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SECRETARY
Name	SILCOX, ROBYN
Address	3205 VARELLA AVENUE SOFTBALL FIELD
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: TROY TAYLOR**PRESIDENT****02/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date