

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005658

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**2698562740CC**

**Entity Name:** NONCOMMISSIONED OFFICERS' CLUB OF SAINT AUGUSTINE, INC.

**Current Principal Place of Business:**

190 SAN MARCO AVE  
ST AUGUSTINE, FL

**Current Mailing Address:**

190 SAN MARCO AVE  
ST AUGUSTINE, FL

**FEI Number:** 59-3446036

**Certificate of Status Desired:** Yes

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

CRAFTON, MARY T.  
2228 DEEWOOD ACRES DRIVE  
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:** MARY T. CRAFTON

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title GOVERNOR  
Name ARENA, BEVERLY A  
Address 424 OCEAN DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title GOVERNOR  
Name CRAFTON, MARY T  
Address 2228 DEERWOOD ACRES DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TREASURER, GOVERNOR  
Name ROMAN, EMELISSA  
Address 1457 NOCHAWAY DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title GOVERNOR  
Name LENEAVE, SUZANNE M  
Address 239 PRINCE PHILLIP DR  
City-State-Zip: ST AUGUSTINE FL 32092

Title GOVERNOR  
Name NESTER, DANIEL  
Address 1404 TALL PINE CT  
City-State-Zip: ST AUGUSTINE FL 32084

Title GOVERNOR  
Name REYES, PATRICIA  
Address 2824 N 8TH AVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title GOVERNOR  
Name REYES, JASON  
Address 2824 N 8TH AVE  
City-State-Zip: ST AUGUSTINE FL 32084

Title GOVERNOR  
Name MIDDLE, BRAD  
Address P O BOX 254  
City-State-Zip: ELKTON FL 32033

**Continues on page 2**

*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:** MARY T CRAFTON

GOVERNOR

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title GOVERNOR  
Name TRIAY, ALFRED W  
Address 2645 CR 13A SOUTH  
City-State-Zip: ELKTON FL 32033