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: ANDREW WITT

Electronic Signature of Signing Officer/Director Detail

Entity Name: ST. JOHNS COUNTY CULTURAL COUNCIL, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

15 OLD MISSION AVENUE ST. AUGUSTINE, FL 32084

#### **Current Mailing Address:**

15 OLD MISSION AVENUE ST. AUGUSTINE, FL 32084 US

## FEI Number: 59-3581209

## Name and Address of Current Registered Agent:

WITT, ANDREW 15 OLD MISSION AVE SAINT AUGUSTINE, FL 32084 US

UGUSTINE, 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	P	Title	S
Name	MCNEES, BARBARA	Name	MASTERS, KATE
Address	15 OLD MISSION AVENUE	Address	15 OLD MISSION AVENUE
City-State-Zip:	ST. AUGUSTINE FL 32084	City-State-Zip:	SAINT AUGUSTINE FL 32084
Title	т	Title	ED
Name	THOMAS, LES	Name	WITT, ANDREW
Address	32 CORDOVA STREET	Address	44 MAGNOLIA DUNES CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	ST AUGUSTINE BEACH FL 32080
Title	VP		
Name	COLEMAN, BILL		
Address	15 OLD MISSION AVENUE		
City-State-Zip:	ST. AUGUSTINE FL 32084		

EXECUTIVE DIRECTOR 01/13/2017

# FILED Jan 13, 2017 Secretary of State CC4017146853

Date

Certificate of Status Desired: No

Date