

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90146 006 ****61.25

DOCUMENT # N05922

1. Entity Name
PRESBYTERY OF ST. AUGUSTINE, INC.



Principal Place of Business
**1937 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217**

Mailing Address
**1937 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217**

50020595



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-6014964

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOKE, PAUL K
1937 UNIVERSITY BLVD W.
JACKSONVILLE, FL 32217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HOOKE, PAUL K
1937 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Paul K. Hooker ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCATHY, DAN
146 OSPREY COVE LANDING
PONTE VEDRA BEACH, FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, DON
80 W. LUCERNE CIRCLE
ORLANDO, FL 32801** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KELLY, ED
967 WHIPPOWILL LN.
ORANGE PARK, FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KELLY, ED
967 WHIPPOWILL LN
ORANGE PARK, FL 32073** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RAGSDALE, SALLY
2079 BISHOP ESTATES RD
JACKSONVILLE, FL 32259** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
DORNBLASER, J. STUART
2801 S. PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HIGEL, BOB
5210 RIVER PARK VILLAS DR.
SAINT AUGUSTINE, FL 32092** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HIGEL, BOB
5210 RIVER PARK VILLAS DR
SAINT AUGUSTINE, FL 32092** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
CHAMBLIN, NANCY
2739 SOUTHWOOD LANE
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Paul K. Hooker

PAUL K. HOOKER

5/30/06

904-733-8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #