

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05922

FILED
Feb 18, 2010
Secretary of State

Entity Name: PRESBYTERY OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

1937 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1937 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-6014964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOKER, PAUL K
1937 UNIVERSITY BLVD W.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD
Name: HOOKER, PAUL K
Address: 1937 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP
Name: HARRIS, DON
Address: 80 WEST LUCERNE CIR
City-St-Zip: ORLANDO, FL 32801

Title: PD
Name: KELLY, ED
Address: 967 WHIPPORWILL LN.
City-St-Zip: ORANGE PARK, FL 32073

Title: DT
Name: DORNBLASER, STUART J
Address: 2801 SOUTH PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: ESHELMAN, THAD
Address: 522 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: DAGNALL, LEE
Address: 8275 OAK BLUFF ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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: PAUL K. HOOKER

SD

02/18/2010

Electronic Signature of Signing Officer or Director

Date