2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# N05922

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: VPD
Name: RIGSBY, JOE W
Address: 3026 WOODLAWN AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: PD
Name: FLOWERS, WAYNE
Address: 940 LAWHON DR
City-St-Zip: ST. JOHNS, FL 32259

Title: TD
Name: ATKINS, CHARLES R
Address: 4224 KINGS COURT
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: HEDRICK, ALEXANDRA
Address: 1337 RIVER OAKS RD
City-St-Zip: JACKSONVILLE, FL 32207

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 03/02/2011

Electronic Signature of Signing Officer or Director — Date