

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90138 038 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6014964**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SALLY RAGSDALE**
STREET ADDRESS **2039 BISHOP ESTATES ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **VD** ☐ Delete
NAME **BOOHER, DAVID**
STREET ADDRESS **4304 SHERWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
NAME **BOOHER, DAVID**
STREET ADDRESS **4304 SHERWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PAUL BOONE**
STREET ADDRESS **9425 CONIFER ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **PD** ☒ Delete
NAME **VANDENBERG, ANN**
STREET ADDRESS **173 BARBERRY LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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

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

TITLE **VICE PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
NAME **HIGEL, BOB**
STREET ADDRESS **5210 RIVER PARK VILLAS DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **TD** ☐ Delete
NAME **DORNBLASER, STUART**
STREET ADDRESS **2801 S. PONTE VEDRA BEACH**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Stuart Dornblaser** **REQUIRED** **DORNBLASER, STUART** **TREASURER** **1/1/03 704-1498**

CR2E037 (10/02)