

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703508

Entity Name: ST. AUGUSTINE FOUNDATION, INC.**Current Principal Place of Business:**20 VALENCIA ST.
ST. AUGUSTINE, FL 32085-8027**Current Mailing Address:**20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE, FL 32085-8027**FEI Number:** 59-6152316**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILEY, JOHN D., JR.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32085-0007 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

Date

Officer/Director Detail :Title D
Name BAILEY, JOHN D
Address 47 AVISTA CIRCLE
City-State-Zip: ST. AUGUSTINE FLTitle M
Name ABARE, WILLIAM
Address 112 HERONS NEST LANE
City-State-Zip: SAINT AUGUSTINE FL 32080Title PCD
Name PROCTOR, WILLIAM L
Address 321 MARSHSIDE DR N
City-State-Zip: SAINT AUGUSTINE FL 32080Title TS
Name CARSON, DAVID
Address 74 KING STREET
City-State-Zip: ST. AUGUSTINE FL 32084Title M
Name UPCHURCH, KRAMER
Address 385 HAWKEYE VIEW LANE
City-State-Zip: SAINT AUGUSTINE FL 32095Title MEMBER
Name BAILEY, MARK
Address 1200 PLANTATION ISLAND DRIVE
SUITE 210
City-State-Zip: ST. AUGUSTINE FL 32080Title MEMBER
Name POLI, DARRELL
Address 89 MAGNOLIA AVE
City-State-Zip: ST. AUGUSTINE FL 32084

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: DAVID CARSON**TREASURER /
SECRETARY**

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date