

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710083

Entity Name: ST. AUGUSTINE HUMANE SOCIETY

Current Principal Place of Business:

1665 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32084-5158

Current Mailing Address:

PO BOX 133
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-1324680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CAROLYN
1665 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32084 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 DIRECTOR
Name SEBASTIAN, KRISTIN
Address 1364 KINGS ESTATE RD
City-State-Zip: SAINT AUGUSTINE FL 32086

Title DIRECTOR
Name FAIRCLOTH, RON
Address 1665 OLD MOULTRIE RD
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name BENTLEY, CHRISTINA
Address 251 ESMEALDA RD
City-State-Zip: ST AUGUSTINE FL 32095

Title SECRETARY
Name CRAFT MOLL, AMY
Address 413 INAGULA DR
City-State-Zip: ST AUGUSTINE FL 32095

Title DIRECTOR
Name JENSEN, SONYA GENOVAR
Address 320 A STATE RD 312
City-State-Zip: ST AUGUSTINE FL 32086

Title PRESIDENT
Name CATOGGIO, LYNNE
Address 1665 OLD MOULTRIE RD.
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name WILLIAMS, SAM
Address 1665 OLD MOULTRIE RD.
City-State-Zip: ST. AUGUSTINE FL 32084

Title VP
Name RYS, STEVEN
Address 305 WINDING OAK WAY
City-State-Zip: ST AUGUSTINE FL 32084

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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: LYNNE CATOGGIO

PRESIDENT

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER

Name HOGAN, KAREN

Address 1422 WINSOR PLACE

City-State-Zip: JACKSONVILLE FL 32205