

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 05, 2024**

**Secretary of State**

**4081722757CC**

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 VP  
Name FANGUY, TAMMY  
Address 49 PHILLIPS ST.  
City-State-Zip: SAINT AUGUSTINE FL 32084

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

Title SECRETARY  
Name BROWN, RON  
Address 216 HISTORY PLACE  
City-State-Zip: ST AUGUSTINE FL 32095

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

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

Title TREASURER  
Name NAYLOR, RACHAEL  
Address 3554 RICHMOND ST.  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name BUCKHALTER, TOMMY  
Address 2404 KACIE LANE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name TODD, PERRIN  
Address 5504 BEAR CLAW CT.  
City-State-Zip: JACKSONVILLE FL 32259

**Continues on page 2**

*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**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOYCE, DEBBIE  
Address        43 DOLPHIN DR.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title           DIRECTOR  
Name           HOGAN, KAREN  
Address        1422 WINDSOR PLACE  
City-State-Zip: JACKSONVILLE FL 32205