

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710083

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**0814141173CC**

**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           V  
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           HAYFLICK, BONNIE  
Address        62 VALENCIA ST  
City-State-Zip: ST AUGUSTINE FL 32084

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

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

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

**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:** SAM WILLIAMS

**PRESIDENT**

**02/15/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MILLER, ZACH  
Address 3203 OLD BARN CT  
City-State-Zip: PONTE VEDRA BEACH FL 32095

Title DIRECTOR  
Name CASTO, TINA MARIE  
Address 406 MADRUGA AVE.  
City-State-Zip: ST. AUGUSTINE FL 32086