

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 V  
Name FAIRCLOTH, RON  
Address 1665 OLD MOULTRIE RD  
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR  
Name BENTLEY, CHRISTINA  
Address 251 ESMERALDA 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

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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:** SAM WILLIAMS

**PRESIDENT**

**07/28/2020**

\_\_\_\_\_ 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