

**2018 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

**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            PRESIDENT  
Name            SMITH, ERIN  
Address        780 N PONCE DE LEON BLVD  
City-State-Zip: ST AUGUSTINE FL 32084

Title            VP  
Name            SEBASTIAN, KRISTIN  
Address        1364 KINGS ESTATE RD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            SECRETARY  
Name            PITTMAN, HILLARY  
Address        196 PHOENETIA DR  
City-State-Zip: ST AUGUSTINE FL 32086

Title            TREASURER  
Name            GREGORY, BILL  
Address        9475-A COUNTY RD 13 NORTH  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** ERIN SMITH

**PRESIDENT**

**03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date