

**2015 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            KURTZ, JULIE  
Address        102 CORDOVA REINA COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            SECRETARY  
Name            GOTT, JESSICA  
Address        6974-B MIDDLETON AVENUE  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title            TREASURER  
Name            WILLIAMS, CARLY  
Address        3145 COASTAL HIGHWAY APT 1128  
City-State-Zip: ST AUGUSTINE FL 32084

Title            VP  
Name            GENOVAR JENSEN, SONYA  
Address        CATS PAW MARINA  
                  220 NIX BOAT YARD ROAD  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** JULIE KURTZ

**PRESIDENT**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date