

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724144

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC3202725295**

**Entity Name:** THE ARC OF THE ST. JOHNS, INC.

**Current Principal Place of Business:**

2101 ARC DRIVE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

2101 ARC DRIVE  
ST. AUGUSTINE, FL 32084 US

**FEI Number: 23-7201838**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JACKSON, KATHRYN P  
2101 ARC DR  
ST AUGUSTINE, FL 32094 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 PD  
Name MATTHEWS, ROB AIII  
Address 304 SIXTEENTH STREET  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title VD  
Name BERGSTROM, ROBERT B  
Address 3513 KINDS ROAD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title SD  
Name NORMAN, ANDY M  
Address 1024 SALTWATER CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TD  
Name JOHNSON, AARON M  
Address 1024 SALTWATER CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D  
Name JACKSON, KATHRYN P  
Address 2101 ARC DRIVE  
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: KATHRYN JACKSON**

**EXECUTIVE DIRECTOR**

**03/04/2014**

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

\_\_\_\_\_  
Date