

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736743

Entity Name: MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.**Current Principal Place of Business:**3375 US #1 SOUTH
SAINT AUGUSTINE, FL 32086**Current Mailing Address:**3375 US #1 SOUTH
SAINT AUGUSTINE, FL 32086**FEI Number: 59-2311622****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
780 N PONCE DE LEON BLVD
ST. 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	GIFFORD , SHERYL
Address	3375 US #1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	VP
Name	SCOTT, RON
Address	3375 US #1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	TREASURER
Name	AMRHEIN, JOHN
Address	3375 US #1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	SECRETARY
Name	CHERYL , MAMPE
Address	5788 N OCEAN SHORE BLVD
City-State-Zip:	PALM COAST FL 32137

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: SHERYL GIFFORD**PRESIDENT****01/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date