

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741023

Entity Name: ALLYBY LODGE, INC.**Current Principal Place of Business:**2872 KINGS RD.
ST. AUGUSTINE, FL 32086**Current Mailing Address:**2872 KINGS RD.
ST. AUGUSTINE, FL 32086 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS B. WHITCOMB
2872 KINGS RD.
ST. AUGUSTINE, FL 32086 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	KLING, WILLIAM H., JR
Address	9430 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL

Title	VD
Name	ROBINSON, MIKE
Address	9460 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL

Title	D
Name	DEGRANDE, PAT
Address	405 LOBELIA ROAD
City-State-Zip:	ST AUGUSTINE FL

Title	TD
Name	POIRIER, CAMILLE H
Address	100 SR 206 WEST
City-State-Zip:	ST AUGUSTINE FL

Title	SD
Name	WHITCOMB, THOMAS
Address	2872 KINGS ROAD
City-State-Zip:	ST AUGUSTINE FL

Title	D
Name	KLING, ROBERT
Address	P.O. BOX 4045 N/A
City-State-Zip:	ST AUGUSTINE FL

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: THOMAS B. WHITCOMB

SD

01/16/2020

Electronic Signature of Signing Officer/Director Detail_____
Date