

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003146

Entity Name: PREVENTION COALITION OF ST. JOHN'S COUNTY, INC.**Current Principal Place of Business:**10 HILDRETH DRIVE
ST. AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 2003
ST. AUGUSTINE, FL 32085-2003 US**FEI Number: 20-0727034****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HEENAN, BRIDGET M.
10 HILDRETH DRIVE
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: BRIDGET HEENAN****07/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name LANGSTON, CHRISTINA
Address 40 ORANGE STREET
City-State-Zip: ST. AUGUSTINE FL 32084Title DIRECTOR
Name STEINBERG, MARY ANN
Address 2048 BELLE GROVE TRACE
City-State-Zip: FLEMING ISLAND FL 32005Title DIRECTOR
Name STRAUSBAUGH, MIKE
Address 4015 LEWIS SPEEDWAY
City-State-Zip: ST. AUGUSTINE FL 32084Title DIRECTOR
Name MARTINEZ, EUDALIO
Address 2300 A1A SOUTH
City-State-Zip: ST. AUGUSTINE BEACH FL 32080Title DIRECTOR
Name CALLERY, KATHY
Address 2300 A1A SOUTH
City-State-Zip: ST. AUGUSTINE BEACH FL 32080Title DIRECTOR
Name JOYNER, JOSEPH DOCTOR
Address 74 KING STREET
City-State-Zip: ST. AUGUSTINE FL 32084Title DIRECTOR
Name BACHMAN, JOHN
Address 10 HILDRETH DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32085

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: BRIDGET HEENAN**DIRECTOR****07/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date