

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05922

**Entity Name:** PRESBYTERY OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**1937 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217**Current Mailing Address:**1937 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217**FEI Number:** 59-6014964**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLOWERS, WAYNE E  
245 RIVERSIDE AVE.  
SUITE 1150  
JACKSONVILLE, FL 32202 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:** WAYNE E. FLOWERS

04/15/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP/D  
Name DAGNALL, LEE  
Address 82575 OAK BLUFF ROAD  
City-State-Zip: ST. AUGUSTINE FL 32092

Title D  
Name BEARD, MURRAY  
Address 9456 PRESTON TRAIL WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PD  
Name FLOWERS, WAYNE  
Address 245 RIVERSIDE AVENUE  
SUITE 150  
City-State-Zip: JACKSONVILLE FL 32202

Title TD  
Name ATKINS, CHARLES R  
Address 4224 KINGS COURT  
City-State-Zip: JACKSONVILLE FL 32217

Title S  
Name BENZ, STEPHEN N  
Address 1937 UNIVERSITY BLVD W  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name BEARD, MURRAY  
Address 9456 PRESTON TRAIL WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name NEAL, LARRY D  
Address 310 PLANTATION ROAD  
City-State-Zip: PERRY FL 32348

Title D  
Name HYATT, KIMBERLY  
Address 4063 SALISBURY ROAD  
SUITE 107  
City-State-Zip: JACKSONVILLE FL 32216

**Continues on page 2**

*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:** WAYNE E. FLOWERS

PRESIDENT/DIRECTOR

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name SICKELS, EARLE  
Address 4050 BARNES ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name TIDBALL, ALLEN  
Address 2276 LAUREL GROVE LN  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name VLOEDMAN, ANDREW  
Address 2790 NW 43RD STREET  
SUITE 200  
City-State-Zip: GAINESVILLE FL 32606