

2016 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:** No**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

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BEARD, MURRAY
Address 9456 PRESTON TRAIL WEST
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY
Name HEDRICK, ALEXANDRA K
Address 1937 UNIVERSITY BLVD. W.
City-State-Zip: JACKSONVILLE FL 32217

Title D
Name MICKEL, MARY
Address 1951 RALEY CREEK DR, E
City-State-Zip: JACKSONVILLE FL 32225

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

Title VP, D
Name SICKELS, EARLE
Address 1045 OAK ST
APT 302
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name ATKINS, CHARLES R
Address 4940 EMERSON STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name MONTGOMERY, CYNTHIA M
Address 50 NORTH LAURA STREET
SUITE 1100
City-State-Zip: JACKSONVILLE FL 32202

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

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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: ALEXANDRA K. HEDRICK**SECRETARY**

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HENDERSON, PEGGY
Address 3611 SW 63RD LANE
City-State-Zip: GAINESVILLE FL 32608

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

Title D
Name GOYER, STEPHEN
Address 849 PARK STREET
City-State-Zip: JACKSONVILLE FL 32204