

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05922

Entity Name: PRESBYTERY OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32217**Current Mailing Address:**1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32217 US**FEI Number:** 59-6014964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, EDWARD L
1301 RIVERPLACE BOULEVARD
1500
JACKSONVILLE, FL 32207 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:** EDWARD L KELLY

02/08/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name SMITH, CONNIE
Address 1937 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER
Name RAGSDALE, JOHN R DR.
Address 1937 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name GOODYEAR, CHARLES
Address 1937 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY
Name EVANS, EVAN LLOYD ESQ.
Address 1937 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name GRAHAM-JOHNSON, LARRY
Address 1937 UNIVERSITY BOULVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name DEMPSEY, BEVERLY
Address 1937 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32217

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: JOHN R. RAGSDALE

TREASURER

02/08/2025

Electronic Signature of Signing Officer/Director Detail

Date