

**2019 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:**MONTGOMERY, CYNTHIA M  
50 N. LAURA STREET  
SUITE 1100  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           MONTGOMERY, CYNTHIA M  
Address        50 N. LAURA STREET  
                 SUITE 1100  
City-State-Zip: JACKSONVILLE FL 32202

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           YANCEY, JAMES  
Address        1253 SE 15TH STREET  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name           WALKER, TOM  
Address        3410 SOUTH 3RD STREET  
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

Title            D  
Name           SPIEGEL, GEOFF  
Address        1906 NW 24TH STREET  
City-State-Zip: GAINESVILLE FL 32605

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

**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:** CYNTHIA M. MONTGOMERY

PRESIDENT,DIRECTOR

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BARTHOLOMEW, JOHN N  
Address 1937 UNIVERSITY BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name FLEMING, WILLIAM  
Address 1937 UNIVERSITY BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name WOLF, BECKY  
Address 1937 UNIVERSITY BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32217