

2017 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

05/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HYATT, KIMBERLY
Address 207 N LAURA STREET
 300
City-State-Zip: JACKSONVILLE FL 32202

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

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

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

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

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

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

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

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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**

05/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name YANCEY, JAMES
Address 1253 SE 15TH STREET
City-State-Zip: OCALA FL 34471

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