

**2022 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

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name LUGO-BERRIOS, ANA  
Address 1937 UNIVERSITY BOULEVARD WEST  
City-State-Zip: JACKSONVILLE FL 32217

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

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

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

Title SECRETARY  
Name HEDRICK, ALEXANDRA K  
Address 1937 UNIVERSITY BOULEVARD WEST  
City-State-Zip: JACKSONVILLE FL 32217

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

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

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

**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:** ALEXANDRA K HEDRICK

SECRETARY

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   VP, DIRECTOR  
Name                 LIEBERMAN, JOYCE E  
Address             1937 UNIVERSITY BOULEVARD WEST  
City-State-Zip:   JACKSONVILLE FL 32217