

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004644

Entity Name: SOMEBODY CARES-ST. AUGUSTINE, INC.**Current Principal Place of Business:**45 SURF DR.
ST. AUGUSTINE, FL 32080**Current Mailing Address:**P. O. BOX 840081
ST. AUGUSTINE BCH, FL 32080-0081 SA**FEI Number: 26-0188459****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLIFTON, JOHN TPRESIDE
45 SURF DR.
ST. AUGUSTINE, FL 32080 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
Name CLIFTON, JOHN
Address 45 SURF DR.
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER
Name KNOWLES, NELSON
Address 301 GRACIELA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name ROGERS, JEFF
Address 509 WEEPING WILLOW LANE
City-State-Zip: ST. AUGUSTINE BEACH FL 32080

Title VP
Name DETTRA, RICHARD
Address 21 BERMUDA RUN WAY
City-State-Zip: ST. AUGUSTINE BEACH FL 32080

Title DIRECTOR
Name AEPPLI, RICK
Address 180 MARSH ISLAND CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name MULL, TODD
Address 2020 DEERWOOD ACRES DR.
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name ROBINS, NEILL
Address 895 E. RED HOUSE BRANCH ROAD
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name LAYLAND, BRAD
Address 128 SPOONBILL POINT CT.
City-State-Zip: ST. AUGUSTINE FL 32080

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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: CLIFTON, JOHN**FOUNDER/ PRESIDENT****01/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GRAB, GARY
Address	4500 DELEON PLACE
City-State-Zip:	ST. AUGUSTINE FL 32095