

2022 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	FOUNDER
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	PRESIDENT
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	WOERTZ, ERIC
Address	739 TIDES END DR.
City-State-Zip:	SAINT 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: JOHN CLIFTON**FOUNDER****02/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POHLMAN, WAYNE
Address	3615 1ST STREET
City-State-Zip:	SAINT AUGUSTINE FL 32086