2018 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		Title	TREASURER
Name	CLIFTON, JOHN		Name	KNOWLES, NELSON
Address	45 SURF DR.		Address	301 GRACIELA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32080		City-State-Zip:	ST. AUGUSTINE FL 32086
Title	DIRECTOR		Title	VP
Name	ROGERS, JEFF		Name	DETTRA, RICHARD
Address	509 WEEPING WILLOW LANE		Address	21 BERMUDA RUN WAY
City-State-Zip:	ST. AUGUSTINE BEACH FL 32080		City-State-Zip:	ST. AUGUSTINE BEACH FL 32080
Title	DIRECTOR		Title	DIRECTOR
Name	AEPPLI, RICK		Name	MULL, TODD
Address	180 MARSH ISLAND CIRCLE		Address	2020 DEERWOOD ACRES DR.
City-State-Zip:	ST. AUGUSTINE FL 32095		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			

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   PRESIDENT   03/01/2018

Electronic Signature of Signing Officer/Director Detail   Date