

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005536

Entity Name: ST JOHNS COUNTY BEEKEEPERS ASSOCIATION INC.**Current Principal Place of Business:**ST JOHNS COUNTY AGRICULTURAL EXTENSION CENTER
3125 AGRICULTURAL CENTER DR.

ST AUGUSTINE

ST AUGUSTINE

, FL 32092

Current Mailing Address:1214 S WINTERHAWK DR
ST AUGUSTINE, FL 32086 US**FEI Number:** 45-2254911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTSON, KIM
1214 S WINTERHAWK DR
ST AUGUSTINE, FL 32086 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:** KIM ROBERTSON

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT

Name STERK, BO

Address 10 MILTON STREET

City-State-Zip: ST AUGUSTINE FL 32084

Title SECRETARY

Name ROBERTSON, KIM

Address 1214 S WINTERHAWK DR

City-State-Zip: ST AUGUSTINE FL 32086

Title VP

Name VERSAGGI, JOSEPH

Address 146 OVIEDO ST.

City-State-Zip: ST AUGUSTINE FL 32084

Title TREASURER

Name WIESER, WALTER

Address 320 COOPERS COVE RD

City-State-Zip: ST AUGUSTINE FL 32095

Title PROGRAM COORDINATOR

Name SPODEN, DIANE

Address 7424 A1A S

City-State-Zip: ST AUGUSTINE FL 32080

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: KIM ROBERTSON

SECRETARY

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date