

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007082

**Entity Name:** SANTA BARBARA HOSPITAL MUSEUM CORPORATION

**Current Principal Place of Business:**

21 SPANISH STREET  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

21 SPANISH STREET  
ST. AUGUSTINE, FL 32084 US

**FEI Number: 84-2386591**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSE, KEVIN W  
1725 WINDOVER PLACE  
ST. AUGUSTINE, FL 32092 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 P  
Name ROSE, KEVIN  
Address 1725 WINDOVER PLACE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title VP  
Name LIVELY-ROSE, ANGELA J  
Address 1725 WINDOVER PLACE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title S  
Name ROSE, JO W  
Address 239 EAST BUFFALO BLUFF ROAD #  
147  
City-State-Zip: SATSUMA FL 32189

*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: KEVIN W. ROSE**

**PRESIDENT**

**02/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date