

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008228

**Entity Name:** TOCOI CREEK ARTS BOOSTERS INC.

**Current Principal Place of Business:**

11200 ST. JOHNS PARKWAY  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

11200 ST. JOHNS PARKWAY  
SAINT AUGUSTINE, FL 32092 US

**FEI Number:** 87-1432589

**Certificate of Status Desired:** No

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

NEWTON, HEATHER  
11200 ST. JOHNS PARKWAY  
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:** HEATHER NEWTON

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COBB, JEFF  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            VP  
Name            SUCKOW, JESSICA  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            2VP  
Name            GEORGE, DAWN  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            SECRETARY  
Name            KOL, KALLI  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            TREASURER  
Name            NEWTON, HEATHER  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            DIRECTOR OF COMMUNICATIONS  
Name            LEONARD, JENN  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            DIRECTOR OF FUNDRAISING  
Name            COBB, VICKIE  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            DIRECTOR OF MEMBERSHIP  
Name            LIGHTSEY, ROBIN  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

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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:** HEATHER NEWTON

**TREASURER**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR OF FINANCE  
Name            AULL, CATHY  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            DIRECTOR OF APPAREL  
Name            GERWE, MISTY  
Address        11200 ST. JOHNS PARKWAY  
City-State-Zip: SAINT AUGUSTINE FL 32092