

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002013

**Entity Name:** SAINT ANDREW'S LIGHTHOUSE, INC.

**Current Principal Place of Business:**

4599 WORRALL WAY  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4599 WORRALL WAY  
JACKSONVILLE, FL 32224 US

**FEI Number: 31-1489868**

**Certificate of Status Desired: No**

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

CALLAHAN, VALERIE B  
4599 WORRALL WAY  
JACKSONVILLE, FL 32224 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: VALERIE CALLAHAN**

**01/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HELIGMAN, CRAIG DR.  
Address        112 5TH AVENUE S.  
                  #302  
City-State-Zip: JACKSONVILLE FL 32250

Title            DS  
Name            SCHUMACHER, MARUCHI  
Address        1886 MONTGOMERY PLACE  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            GRAINGER, FARLEY  
Address        1238 WINDSOR HARBOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title            TREASURER  
Name            VANDROFF, DAVID  
Address        2605 SCOTT MILL LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title            DIRECTOR  
Name            CALLAHAN, VALERIE  
Address        4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            MRS  
Name            CARUSILLO, SUZANNE  
Address        971 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA FL 32082

Title            MR.  
Name            MILES, MARK  
Address        5538 BROADGATE COURT  
City-State-Zip: JACKSONVILLE FL 32244

Title            MR.  
Name            DEBERNARDIS, ROSS  
Address        141 AZALEA POINT DR. N.  
City-State-Zip: JACKSONVILLE FL 32082

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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: CALLAHAN , VALERIE**

**EXECUTIVE DIRECTOR**

**01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MR.  
Name PATEL, PRIYESH  
Address 110 10TH AVENUE S.  
UNIT B  
City-State-Zip: JACKSONVILLE FL 32250

Title DR  
Name MAI, MARTIN DR.  
Address 241 NORTHWIND CT.  
City-State-Zip: PONTE VEDRA FL 32082