

**2020 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: Yes**

**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

01/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-CHAIR  
Name HELIGMAN, CRAIG DR.  
Address 4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER  
Name EASTMAN, NATHAN  
Address 4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

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

Title VICE CHAIR  
Name CARUSILLO, SUZANNE  
Address 4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

Title CO-CHAIR  
Name SHARP, BILL  
Address 4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY  
Name KLIMT, MICHELLE  
Address 4599 WORRALL WAY  
City-State-Zip: JACKSONVILLE FL 32224

*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:** VALERIE CALLAHAN

**EXECUTIVE DIRECTOR**

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date