

2017 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

02/07/2017

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: VALERIE CALLAHAN

EXECUTIVE DIRECTOR

02/07/2017

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