

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N21000002922

**Entity Name:** ST JOHNS COUNTY SAFETY TOWN INC.

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DR, SUITE 206  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

151 SAWGRASS CORNERS DR, SUITE 206  
PONTE VEDRA BEACH, FL 32082

**FEI Number: 86-3699481**

**Certificate of Status Desired: Yes**

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

SMITH, SHANNA  
151 SAWGRASS CORNERS DR, SUITE 206  
PONTE VEDRA BEACH, FL 32082 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:** SHANNA SMITH

12/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HARRIED, MARISSA  
Address 151 SAWGRASS CORNERS DR, SUITE 206  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TS  
Name PURDY, MADISON  
Address 151 SAWGRASS CORNERS DR, SUITE 206  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name SMITH, SHANNA  
Address 151 SAWGRASS CORNERS DR, SUITE 206  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name HARRIED, MICHAELE  
Address 151 SAWGRASS CORNERS DR, SUITE 206  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name PURDY, MICHELLE  
Address 151 SAWGRASS CORNERS DR, SUITE 206  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** SHANNA SMITH

**DIRECTOR**

12/21/2022

Electronic Signature of Signing Officer/Director Detail

Date