

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

SUPERVISOR
OFFICE USE ONLY
OF ELECTIONS

2022 JUL -7 PM 3: 24

ST JOHNS COUNTY
VICKY OAKES

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Ronald E. Benson Telephone 904-403-0332

Street Address 8165 Wandover Rd.

City St. Augustine State FL Zip Code 32092

Mailing Address same

City _____ State _____ Zip Code _____

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Ronald E. Benson

7/7/2022

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name _____ Telephone _____

Street Address _____

City _____ State _____ Zip Code _____

Committee or Organization Information

Name of Committee or Organization Colee Cove Coalition

Street Address 6157 Wandover rd Telephone 251 586 169

City St Augustine State FL Zip Code 32092

Brian Halbert
Signature of Chairperson

Brian Halbert
Printed Name of Chairperson

7/7/22
Date