**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

ndicated on this report or supplemental report is

of the corporation or the received

SIGNATURE:

## Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 710139** 1. Entity Name COMMUNITY BIBLE CHURCH OF ST. AUGUSTINE. INC. 01-29-2001 90126 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 3150 US 1 S 3150 US 1 SOUTH ST AUGUSTINE FL 32086-6486 ST AUGUSTINE FL 32086 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1605751 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIMARE, W.FRANK 3545 US 1 SOUTH ST AUGUSTINE FL 32086 Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE ☐ Delete JOHNS, JR. FRANK NAME NAME STREET ADDRESS STREET ADDRESS 6245 CR 13 SOUTH HASTINGS FL CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE SNELL, FRED G NAME NAME STREET ADDRESS STREET ADDRESS 841 C.R. 13 SOUTH CITY-ST-ZIP CITY-ST-ZIP ST\_AUGUSTINES, FL 00000 ☐ Change ☐ Addition ST ☐ Delete TITLE TITLE DIMARE, FRANK NAME NAME 4160 CREEKBLUFF RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LOGAN, FRED NAME NAME 433 LOBELLA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this f

Date

Daytime Phone #