

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715814** (0)

1. Corporation Name

FIRST CHRISTIAN CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

**19 RIBERIA ST.
ST. AUGUSTINE FL 32084**

**19 RIBERIA ST.
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified
01/02/1969

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **93 Palmer St**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 **St. Augustine FL**

24 Zip

25 Country

29 **32095**

30 **USA**

4. FEI Number

59-6517602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODWIN, RALPH
93 PALMER ST.
ST. AUGUSTINE FL 32084 32095**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **GOODWIN, RALPH**
CITY-ST-ZIP **93 PALMER ST.
ST. AUGUSTINE FL 32095**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **CUMMINGS, LOIS**
CITY-ST-ZIP **102 SHORES BLVD.
ST. AUGUSTINE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D/C**
2.3 STREET ADDRESS **ELMER L. READLE**
2.4 CITY-ST-ZIP **103 Dogwood Drive
ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MC GEE, DWIGHT**
CITY-ST-ZIP **RFD BOX 645 G. MOOLATA 5750 CR 208
ST. AUGUSTINE FL 32095**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **FLETCHER, MONA**
CITY-ST-ZIP **7936 HAMILTON AVENUE
HASTINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Elmer L. Readle**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

904 471-4542
Daytime Phone

CR2E037 (12/95)