2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90091 006 ****61.25

DOCUMENT # 715814

1. Entity 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 32084-3553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6517602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNT, JIM 3861 WINTERHAWK CT. ST. AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DC NAME HUNT, JIM STREET ADDRESS 3861 WINTERHAWK CT CITY-ST-ZIP ST AUGUSTINE FL 32086	☐ Delete	TITLE Trustee NAME Donald G. White STREET ADDRESS 2735 S. Ponte Vedra Blvd. CITY-ST-ZIP Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE S NAME FENNER, WAYNE STREET ADDRESS 3944 FERRARRA ST CITY-ST-ZIP JACKSONVILLE FL 32217	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME GOODWIN, RALPH STREET ADDRESS 2153 CENTURY BLVD CITY-ST-ZIP ST AUGUSTINE FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME READLE, ELMER L STREET ADDRESS 103 DOGWOOD DR CITY-ST-ZIP ST AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Hunt REQUIRED — 4/16/2000 — 904-826-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #