2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90144 037 ****61.25

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DOCUMENT # 715814

1. Entity Name

FIRST CHRISTIAN CHURCH OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
~~19 RIBERIA ST.~~ 6900 U.S. #1 South ST. AUGUSTINE FL ~~32084~~ 32086	~~19 RIBERIA ST.~~ P.O. Box 861128 ST. AUGUSTINE FL ~~32084~~ 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6900 U.S. 1 South Suite, Apt. #, etc.	P.O. Box 861128 Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

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: Linda Coleman Street Address (P.O. Box Number is Not Acceptable): 1921 Four Mile Rd. City: St. Augustine FL Zip Code: 32084

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: Linda Coleman (LINDA COLEMAN) 4/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HUNT, JIM 3861 WINTERHAWK CT ST AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Jerry McKenney 5212 Jamaica Circle St. Augustine, FL 32084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, DONALD G 2735 S PONTE VERDE BLVD PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Wayne Bechtel 131 Cypress Dr. Palatka, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOODWIN, RALPH 2153 CENTURY BLVD ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D READLE, ELMER L 103 DOGWOOD DR ST AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J	☐ 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 (10/00)

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: Linda Coleman LINDA COLEMAN 4/18/01 904-824-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #