

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Charles B. McWhorter
Secretary of Revenue
DIVISION OF CORPORATIONS

FILED

95 APR 18 AM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730760 (6)
1. Corporation Name
ANASTASIA BAPTIST CHURCH, INCORPORATED

Principal Place of Business Mailing Address
1650 A1A SOUTH ST. AUGUSTINE FL 32084 US

2. Principal Place of Business 2a. Mailing Address
21 1650 A1A SOUTH ST. AUGUSTINE FL 32084
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 ST AUGUSTINE FLORIDA 28 ST. AUGUSTINE, FLORIDA
24 32084 25 ST JOHNS 29 32084 30 ST. JOHNS

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **09/23/1974** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-1392531** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MC CRANE, STEVE
3657 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
**81 Name FAIRCHILD, GENE
82 Street Address (P.O. Box Number is Not Acceptable) 21 DONDANVILLE RD #2
83
84 City ST. AUGUSTINE, FL FL 85 Zip Code 32084**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Gene Fairchild* **GENE FAIRCHILD, PRESIDENT** **3/19/95**
Signature, typed or printed name of registered agent and title required (NOTE: Registered Agent signature required when conducting) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MC CRANIE STEVE
STREET ADDRESS	3657 CRAZY HORSE TRAIL
CITY - ST - ZIP	ST AUGUSTINE FL 32086
TITLE	T
NAME	SCOVILLE, JOSEPH F
STREET ADDRESS	4600 A1A S DL7
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	PHILLIPS, FRANK
STREET ADDRESS	20 CONTERA DR
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	VP
NAME	WRIGHT, HUGH
STREET ADDRESS	13 LEE DRIVE
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	D
NAME	VONNS PAUL
STREET ADDRESS	22 LAKEHORE DRIVE
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	S
NAME	HEARNE, CATHERINE
STREET ADDRESS	8 GRANDVIEW RD.
CITY - ST - ZIP	ST AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FAIRCHILD, GENE
13 STREET ADDRESS	21 DONDANVILLE ROAD
14 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
21 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAME
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	DEACON D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MC CRANIE
33 STREET ADDRESS	3657 CRAZY HORSE TRAIL
34 CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
41 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BILL COTTON
43 STREET ADDRESS	8650 HASTINGS BLVD
44 CITY - ST - ZIP	HASTINGS, FL 32145
51 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SAME
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SAME
63 STREET ADDRESS	
64 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 110.07(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, unchanged, or in an attachment with an address.

SIGNATURE: *Gene Fairchild* **GENE FAIRCHILD, PRESIDENT** **3/19/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Phrase)