

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730760 (6)
1. Corporation Name

ANASTASIA BAPTIST CHURCH, INCORPORATED



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

3. Date Incorporated or Qualified 09/23/1974	3a. Date of Last Report 04/18/1995
--	--

2. Principal Place of Business 21 1650 A1A South Suite, Apt. #, etc.	2a. Mailing Address 26 1650 A1A South Suite, Apt. #, etc.
22 St. Augustine, FL City & State	27 St. Augustine, FL City & State
23 32084 Zip	28 32084 Zip
24 Country	25 Country
29 Country	30 Country

4. FEI Number 59-1392531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FAIRCHILD, GENE
21 DONDANVILLE RD #2
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
Gene Fairchild

82 Street Address (P.O. Box Number is Not Acceptable)
21 Dondanville Road #2

83

84 City
St. Augustine

85 Zip Code
FL 32084

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: *Gene Fairchild* (NOTE: Registered Agent signature required when reinstating) DATE: **2-21-96**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	FAIRCHILD, GENE
STREET ADDRESS	21 DONDANVILLE ROAD
CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	T <input type="checkbox"/> DELETE
NAME	SCOVILLE, JOSEPH F
STREET ADDRESS	4600 A1A S DL7
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MC CRANIE
STREET ADDRESS	3657 CRAZY HORSE TRAIL
CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	COTTON, BILL
STREET ADDRESS	8650 HASTINGS BLVD
CITY-ST-ZIP	HASTINGS FL 32145
TITLE	D <input type="checkbox"/> DELETE
NAME	VONINS PAUL
STREET ADDRESS	23 LAKESHORE DRIVE
CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	S <input type="checkbox"/> DELETE
NAME	HEARNE, CATHERINE
STREET ADDRESS	8 GRANDVIEW RD.
CITY-ST-ZIP	ST AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DARRELL SMITH
4.3 STREET ADDRESS	953 LEW BLVD
4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gene Fairchild* DATE: **2/21/96**

CR2E037 (12/95)