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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1650 A1A SOUTH ST. AUGUSTINE FL 32084 US
1650 A1A SOUTH ST. AUGUSTINE FL 32084-5484 US

3. Date Incorporated or Qualified 09/23/1974
3a. Date of Last Report 02/27/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 PAUL HAYS
82 Street Address (P.O. Box Number is Not Acceptable) 760 Faver Dykes Rd.
83
84 City St. Augustine FL 85 Zip Code 32086

17. 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 *Paul P. Hays*
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 P NAME FAIRCHILD, GENE STREET ADDRESS 21 DONDANVILLE ROAD CITY-ST-ZIP ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 12 NAME PAUL HAYS P 13 STREET ADDRESS 760 Faver Dykes Rd. 14 CITY-ST-ZIP St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME SCOVILLE, JOSEPH F STREET ADDRESS 4600 A1A S DL7 CITY-ST-ZIP ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MC CRANE STREET ADDRESS 3857 CRAZY HORSE TRAIL CITY-ST-ZIP ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME D COTTON, WILLIAM R. 3.3 STREET ADDRESS 8650 Hastings Blvd. 3.4 CITY-ST-ZIP Hastings, FL 32145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME SMITH, DARRELL STREET ADDRESS 953 LEW BLVD CITY-ST-ZIP ST AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME VP FAIRCHILD, GENE VP 4.3 STREET ADDRESS 21 Dondanville Rd. 4.4 CITY-ST-ZIP St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VONINS PAUL STREET ADDRESS 23 LAKESHORE DRIVE CITY-ST-ZIP ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME D SMITH, DAVID 5.3 STREET ADDRESS 35 Seminole Dr. 5.4 CITY-ST-ZIP St. Augustine, FL 32095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME HEARNE, CATHERINE STREET ADDRESS 8 GRANDVIEW RD. CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: *Joseph Scoville, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)