


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

| | |
|--|--|
| Principal Place of Business 1850 A1A SOUTH ST. AUGUSTINE FL 32084 US | Mailing Address 1850 A1A SOUTH ST. AUGUSTINE FL 32084 US |
|--|--|

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|--|--|
| 21 2. Principal Place of Business 1650 A1A SOUTH Suite, Apt. #, etc. | 2a. Mailing Address 1650 A1A SOUTH Suite, Apt. #, etc. |
| 22 City & State ST. AUGUSTINE, FL | 27 City & State ST. AUGUSTINE, FL |
| 23 Zip 32084 | 28 Zip 32084 |
| 24 Country ST JOHNS | 29 Country ST JOHNS |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/23/1974 | |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HAYS PAUL
 760 FAVER DYKES RD
 ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name BITLER, FLOYD, JR. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 525 WOOD CHASE DRIVE |
| 83 City |
| 84 City ST. AUGUSTINE, FL |
| 85 Zip Code 32086 |

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 *Floyd & Bitler* **4/13/1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE P | <input checked="" type="checkbox"/> DELETE |
| NAME HAYS, PAUL | |
| STREET ADDRESS 760 FAVER DYKES RD | |
| CITY-ST-ZIP ST AUGUSTINE FL | |
| TITLE T | <input type="checkbox"/> DELETE |
| NAME SCOVILLE, JOSEPH F | |
| STREET ADDRESS 4600 A1A S DL7 | |
| CITY-ST-ZIP ST. AUGUSTINE FL | |
| TITLE COT | <input checked="" type="checkbox"/> DELETE |
| NAME ON, WILLIAM R. | |
| STREET ADDRESS 8850 HASTINGS BLVD | |
| CITY-ST-ZIP HASTINGS FL | |
| TITLE VP | <input checked="" type="checkbox"/> DELETE |
| NAME FAIRCHILD, GENE | |
| STREET ADDRESS 21 DONDANVILLE RD | |
| CITY-ST-ZIP ST AUGUSTINE FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME SMITH, DAVID | |
| STREET ADDRESS 35 SEMINLE DR | |
| CITY-ST-ZIP ST AUGUSTINE FL | |
| 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 P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME BITLER, FLOYD, JR. | |
| 1.3 STREET ADDRESS 525 WOOD CHASE DRIVE | |
| 1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 | |
| 2.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME PONCE, BRAD | |
| 2.3 STREET ADDRESS 1752 ASTURIAS ST | |
| 2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 | |
| 3.1 TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME ROBshaw, BILLY | |
| 3.3 STREET ADDRESS 1688 OLD BEACH ROAD | |
| 3.4 CITY-ST-ZIP ST. AUGUSTINE, FLORIDA 32084 | |
| 4.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME PHILLIPS, FRANK | |
| 4.3 STREET ADDRESS 20 CONTERA DR | |
| 4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 | |
| 5.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME HAYS, PAUL | |
| 5.3 STREET ADDRESS 760 FAVER DYKES RD | |
| 5.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086 | |
| 6.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME DARRELL SMITH | |
| 6.3 STREET ADDRESS 953 LEW BLVD | |
| 6.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 | |

14. 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 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: *Floyd & Bitler* **4/13/98** **(904) 471-2166**

CR2E037 (10/97)