


FILED
Jul 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730760
 1. Corporation Name
ANASTASIA BAPTIST CHURCH, INCORPORATED

Principal Place of Business 1650 A1A S ST. AUGUSTINE FL 32084 US	Mailing Address 1650 A1A S ST. AUGUSTINE FL 32084 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/23/1974	4. FEI Number 59-1392531 Applied For 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	

9. Name and Address of Current Registered Agent BITLER, FLOYD JR 525 WOOD CHASE DR ST. AUGUSTINE FL 32086	10. Name and Address of New Registered Agent 81 Name DORAN MC CARTY 82 Street Address (P.O. Box Number is Not Acceptable) 116 DEL LAGO LANE 83 84 City ST. AUGUSTINE, FL 85 Zip Code 32084
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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 617.0504, Florida Statutes.

SIGNATURE: *Billy Robshaw* *Dean McCarty* 7-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BITLER, FLOYD JR		1.2 NAME DORAN MC CARTY	
STREET ADDRESS 525 WOOD CHASE DR		1.3 STREET ADDRESS 116 DEL LAGO LANE	
CITY-ST-ZIP ST AUGUSTINE FL 32084		1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PONCE, BRAD		2.2 NAME	
STREET ADDRESS 1752 ASTURIAS ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	
TITLE VP D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBSHAW, BILLY		3.2 NAME	
STREET ADDRESS 1688 OLD BEACH RD		3.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL 32084		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PHILLIPS, FRANK		4.2 NAME JOSEPH F. SCOVILLE	
STREET ADDRESS 20 CONTERA DR		4.3 STREET ADDRESS 4600 A1A SOUTH DL 3-3	
CITY-ST-ZIP ST AUGUSTINE FL 32084		4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAYS, PAUL		5.2 NAME H. A. SMITH	
STREET ADDRESS 760 FAVER DYKES RD		5.3 STREET ADDRESS 15 EAST LANE STREET	
CITY-ST-ZIP ST AUGUSTINE FL 32086		5.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, DARRELL		6.2 NAME	
STREET ADDRESS 953 LEW BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL 32084		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Joseph F. Scoville* SIGNATURE REQUIRED: *Joseph F. Scoville, Treas* 7/7/99 904-471-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)