2/1/00-90009-037-$70.00-$70.00

2000 ~~UNIFORM~~ BUSINESS REPORT (UBR)

FILED
00 FEB 28 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730760

1. Entity Name

ANASTASIA BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1650 A1A S ST. AUGUSTINE FL 32084 US	1650 A1A S ST. AUGUSTINE FL 32084-5464 US

DO NOT WRITE IN THIS SPACE 2/1/00 90009037 $70.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1392531 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCARTY, DORAN 116 DEL LAGO LANE SAINT AUGUSTINE FL 32084	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCARTY, DORAN 116 DEL LAGO LANE ST AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONCE, BRAD 1752 ASTURIAS ST ST. AUGUSTINE FL 32084	☒ Delete	VP D FRANK PHILLIPS 20 CONTERA DR ST AUGUSTINE FL 32084	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBSHAW, BILLY 1688 OLD BEACH RD ST AUGUSTINE FL 32084	☒ Delete	S BETTY MCCARTY 10 EUGENE PLACE ST AUGUSTINE FL 32084	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOVILLE, JOSEPH F 4600 A1A SOUTH DL 3-3 ST AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, H A 15 EAST LANE STREET SAINT AUGUSTINE FL 32084	☐ Delete	See attached list for remainder of directors.	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

KE

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Doran McCarty JR. MCCARTY JR. FRED — 1-18-2000 — 904 471-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-487-6059
2