

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730760

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: ANASTASIA BAPTIST CHURCH, INCORPORATED

**Current Principal Place of Business:**

1650 A1A S  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

1650 A1A S  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 59-1392531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, HERRICK A  
15 EAST LANE  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

LANDS, GARY  
29 CASANOVA ROAD  
SAINT AUGUSTINE, FL 32080 US

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: GARY LANDS

01/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SMITH, H. A.  
Address: 15 EASTLANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: LANDS, GARY  
Address: 29 CASANOVA ROAD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: WORLEY, MARYNEIL  
Address: 5845 CAPO ISLAND ROAD  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: T ( ) Delete  
Name: TILLIS, JOLIE  
Address: 1416 COUNTY ROAD 13 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LANDS, GARY.  
Address: 29 CASANOVA ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition  
Name: MARTIN, MARK  
Address: 134 ORCHIS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLA A CARTER

CNTR

01/27/2005

Electronic Signature of Signing Officer or Director

Date