

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730760

FILED  
Jan 08, 2007  
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:**

CARTER, DARLA A  
415 S VILLA SAN MARCO DRIVE  
UNIT 206  
ST. AUGUSTINE, FL 32086 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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: ROBshaw, JAMES  
Address: 4 CONTERA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

Title: S (X) Change ( ) Addition  
Name: SMITH, SHERRY  
Address: 35 SEMINOLE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T (X) Change ( ) Addition  
Name: BLALOCK, WILLIAM  
Address: 31 MADEIRA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM BLALOCK

T

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date