

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730760

FILED
Mar 05, 2008
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:

CARTER, DARLA A
1650 A1A SOUTH
ST. 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:

Electronic Signature of Registered Agent

03/05/2008

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROBSHAW, JAMES
Address: 4 CONTERA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHITWOOD, DANIEL
Address: 1650 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: WORLEY, MARYNEIL
Address: 1650 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: BLALOCK, WILLIAM
Address: 1650 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: DARLA A CARTER

Electronic Signature of Signing Officer or Director

RA

03/05/2008

Date