FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705547 (8)

1. Corporation Name

ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FLORIDA

Principal Place of Business	Mailing Address
30 SEVILLA ST ST AUGUSTINE FL 32084	27 SEVILLA STREET SAINT AUGUSTINE FL 32084-3535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1963
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-0816427 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORTHCUTT, FRANK P.
404 SEGOVIA ROAD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~BRAND, CHARLES~~	1.2 NAME	TAYLOR, Richard	
STREET ADDRESS	~~5329 SHORE DR.~~	1.3 STREET ADDRESS	235 Coquina Ave.	
CITY-ST-ZIP	~~ST AUGUSTINE FL~~	1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, PAUL	2.2 NAME		
STREET ADDRESS	1585 SPRING STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	PCD	3.1 TITLE		☐ Change ☐ Addition
NAME	NORTHCUTT, FRANK P.	3.2 NAME		
STREET ADDRESS	404 SEGOVIA ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~WEEDMAN, GEORGE RICHARD~~	4.2 NAME	BURNETT, Paul	
STREET ADDRESS	~~2741 OLD MOULTRIE ROAD~~	4.3 STREET ADDRESS	31 Cincinnati Ave.	
CITY-ST-ZIP	~~ST AUGUSTINE FL 32086~~	4.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Frank P. Northcutt — Frank P. Northcutt — 2-15-95 — (904)829-3476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000274