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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705547 (8)

1. Corporation Name

ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FL  
ORIDA

Principal Place of Business

Mailing Address

30 SEVILLA ST  
ST AUGUSTINE FL 3208427 SEVILLA STREET  
SAINT AUGUSTINE FL 32084-35503. Date Incorporated or Qualified  
04/30/19633a. Date of Last Report  
02/21/19964. FEI Number  
59-0816427Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VD~~ ☒ DELETE  
NAME ~~BROWN, BILL~~  
STREET ADDRESS ~~12 MADEIRA DRIVE~~  
CITY-ST-ZIP ~~ST. AUGUSTINE FL~~1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME CLINT PORTERT  
1.3 STREET ADDRESS 76 LIGHTHOUSE AVE.  
1.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE ~~SD~~ ☒ DELETE  
NAME ~~PERRY, PAUL~~  
STREET ADDRESS ~~1585 SPRING STREET~~  
CITY-ST-ZIP ~~ST. AUGUSTINE FL~~2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME KELLY R. KEMP  
2.3 STREET ADDRESS 3623 FT. PEYTON CIR.  
2.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE PCD ☐ DELETE  
NAME NORTHCUTT, FRANK P.  
STREET ADDRESS 404 SEGOVIA ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ~~VD~~ ☒ DELETE  
NAME ~~BURNETT, PAUL~~  
STREET ADDRESS ~~81 CINCINNATI AVE~~  
CITY-ST-ZIP ~~ST. AUGUSTINE FL~~4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME GEORGE RICHARD WEEDMAN  
4.3 STREET ADDRESS 2250 OLD MOULTRIE RD  
4.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

(904) 829-3476

SIGNATURE:

Frank P. Northcutt

Frank P. Northcutt 2-12-97

CR2E037 (9/96)