

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90050 036 \*\*\*\*61.25

**DOCUMENT # 705547**

1. Entity Name

**ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FL  
ORIDA**

Principal Place of Business

Mailing Address

**30 SEVILLA ST  
ST AUGUSTINE FL 32084**

**27 SEVILLA STREET  
SAINT AUGUSTINE FL 32084-3535**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0816427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICE, DAVID P DR.  
148 BARTRAM PARKE LANE  
JACKSONVILLE FL 33259**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

**02-28-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete  
NAME **COOKSEY, EDGAR**  
STREET ADDRESS **1600 WOODLAWN RD**  
CITY-ST-ZIP **SAINT-AUGUSTINE FL 32084**

TITLE **VD** ☐ Change ☒ Addition  
NAME **BRAND, CHARLES**  
STREET ADDRESS **5329 Shore Drive**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **SD** ☒ Delete  
NAME **ATHANASEAS, NICHOLAS**  
STREET ADDRESS **408 SHORES BLVD**  
CITY-ST-ZIP **SAINT-AUGUSTINE FL 32086**

TITLE **SD** ☐ Change ☒ Addition  
NAME **PERRY, PAUL**  
STREET ADDRESS **1585 Spring Street**  
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **VD** ☒ Delete  
NAME **PUFFER, FRANK**  
STREET ADDRESS **110 SEMINOLE RD.**  
CITY-ST-ZIP **SAINT-AUGUSTINE FL 32086**

TITLE **VD** ☐ Change ☒ Addition  
NAME **EDWARDS, Ronald**  
STREET ADDRESS **250 Marshside**  
CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE **PCD** ☐ Delete  
NAME **RICE, DAVID P**  
STREET ADDRESS **148 BARTRAM PARKE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 33259**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**David P. Rice, President 02-28-02 (904)829-3476**

CR2E037 (9/01)