2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# 705547

Entity Name: ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FLORIDA

Current Principal Place of Business:

30 SEVILLA ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

27 SEVILLA STREET
SAINT AUGUSTINE, FL 320843535

New Mailing Address:

FEI Number: 59-0816427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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:	SD	( ) Delete
Name:	PERRY, PAUL	
Address:	1585 SPRING STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	PCD	( ) Delete
Name:	RICE, DAVID P	
Address:	148 BARTRAM PARKE LANE	
City-St-Zip:	JACKSONVILLE, FL 33259	
Title:	VD	( ) Delete
Name:	ATHANASEAS, NICHOLAS	
Address:	1222 PRINCE RD.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	VD	( ) Delete
Name:	PETERS, HUGH	
Address:	307 MARSH POINT CIR.	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MADDUX, DAVID	
Address:	419 CAMELIA TRAIL	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID P RICE PCD 04/23/2004

Electronic Signature of Signing Officer or Director — Date