

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705547

**Entity Name:** ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE,  
FLORIDA**Current Principal Place of Business:**27 SEVILLA ST  
ST AUGUSTINE, FL 32084-3550**Current Mailing Address:**27 SEVILLA STREET  
SAINT AUGUSTINE, FL 32084-3550 US**FEI Number:** 59-0816427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERS, HUGH  
27 SEVILLA ST  
ST. AUGUSTINE, FL 32084-3550 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:** HUGH PETERS

02/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	CHAIRMAN OF BOARD OF TRUSTEES
Name	PETERS, HUGH	Name	HASZARD, TIM
Address	27 SEVILLA STREET	Address	27 SEVILLA ST
City-State-Zip:	SAINT AUGUSTINE FL 32084-3550	City-State-Zip:	ST AUGUSTINE FL 32084-3550
Title	PASTOR	Title	CHAIRMAN OF BOARD OF DEACONS
Name	PITTS, FRED O.	Name	HENLY, CARL
Address	27 SEVILLA ST	Address	27 SEVILLA ST
City-State-Zip:	ST AUGUSTINE FL 32084-3550	City-State-Zip:	ST AUGUSTINE FL 32084-3550
Title	CORRESPONDING SECRETARY	Title	OFFICE MANAGER
Name	BURNSWORTH, PALMEIRA	Name	SOUTHERLAND, AMANDA
Address	27 SEVILLA STREET	Address	27 SEVILLA ST
City-State-Zip:	SAINT AUGUSTINE FL 32084-3550	City-State-Zip:	ST AUGUSTINE FL 32084-3550

I hereby 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 all other like empowered.

**SIGNATURE:** AMANDA SOUTHERLAND**OFFICE MGR**

02/15/2022

Electronic Signature of Signing Officer/Director Detail

Date