City-State-Zip: City-State-Zip: SAINT AUGUSTINE FL 32084-3550 Title PASTOR

Electronic Signature of Registered Agent

DUBOSE, LAWRENCE DR. Name Address 27 SEVILLA STREET

27 SEVILLA STREET Address City-State-Zip: SAINT AUGUSTINE FL 32084-3550 City-State-Zip: SAINT AUGUSTINE FL 32084-3550 Title OFFICE MANAGER Title SECRETARY Name HAMPTON, PATSY L Name BURNSWORTH, PALMEIRA Address 27 SEVILLA ST Address 27 SEVILLA STREET City-State-Zip: ST AUGUSTINE FL 32084-3550

# 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

**Officer/Director Detail :** 

Title

Title

Name

Address

## Name and Address of Current Registered Agent:

HAMPTON, PATSY L 27 SEVILLA ST ST. AUGUSTINE, FL 32084-3550 US

SIGNATURE: PATSY L HAMPTON

TREASURER

SHEAFFER, LARRY

27 SEVILLA STREET

City-State-Zip: SAINT AUGUSTINE FL 32084-3550

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.

Title

Name

Name

Address

TRUSTEE

DEACON

BUNKER, WAYNE

27 SEVILLA STREET

ATHANESEAS, NICK

SAINT AUGUSTINE FL 32084-3550

#### 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: PATSY L HAMPTON

above, or on an attachment with all other like empowered.

OFFICE MANAGER

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

03/02/2016

FILED
Mar 02, 2016
Secretary of State
CC6633014745

03/02/2016

Date

Certificate of Status Desired: No

Date