

2019 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:** Yes**Name and Address of Current Registered Agent:**HAMPTON, PATSY L
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:** PATSY L. HAMPTON

01/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	PETERS, HUGH
Address	27 SEVILLA STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084-3550

Title	CHAIRMAN OF BOARD OF TRUSTEES
Name	SNELLER, DAVID
Address	27 SEVILLA ST
City-State-Zip:	ST AUGUSTINE FL 32084-3550

Title	SENIOR PASTOR
Name	PITTS, FRED O.
Address	27 SEVILLA ST
City-State-Zip:	ST AUGUSTINE FL 32084-3550

Title	CHAIRMAN OF BOARD OF DEACONS
Name	BOOTH, ROBERT
Address	27 SEVILLA ST
City-State-Zip:	ST AUGUSTINE FL 32084-3550

Title	SECRETARY
Name	BURNSWORTH, PALMEIRA
Address	27 SEVILLA STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084-3550

Title	OFFICE MANAGER
Name	HAMPTON, PATSY L
Address	27 SEVILLA ST
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: PATSY L. HAMPTON**OFFICE MANAGER**

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date