

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710139

Entity Name: COMMUNITY BIBLE CHURCH OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**3150 US 1 S
ST AUGUSTINE, FL 32086-6486**Current Mailing Address:**3150 US 1 S
ST AUGUSTINE, FL 32086-6486 US**FEI Number: 59-1605751****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DIMARE, W. FRANK
3545 US 1 SOUTH
ST AUGUSTINE, FL 32086 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN, ELDER
Name	DIMARE, FRANK
Address	4160 CREEKBLUFF RD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	VC, SECRETARY, ELDER
Name	GALY, RON
Address	148 PINE ARBOR CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	DIRECTOR, DEACON
Name	STINSON, DAVE
Address	3150 US 1 S
City-State-Zip:	ST AUGUSTINE FL 32086-6486

Title	DIRECTOR, DEACON
Name	PALMER, MICHAEL J
Address	119 SOUTHWIND CIR
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR, DEACON
Name	HAYNES, GUY
Address	304 SUMMERCove CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR, DEACON, TREASURER
Name	WALWORTH, KIRK
Address	416 TALBOT BAY DRIVE
City-State-Zip:	ST AUGUSTINE FL 32086

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: FRANK DIMARE**CHAIRMAN****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date