| DOCUMENT# 730760                          |  |                        |                              | Mar 16, 2017 |  |
|---|--|------------------------|------------------------------|--------------|--|
| Entity Name                               | : ANASTASIA BAPTIST CHURCH, INCORPO                                  | RATED                  | Secretary o                  |              |  |
| 1650 A1A SOU                              | ncipal Place of Business:<br>TH<br>IE, FL 32080-5464                 |                        | CC865630                     | 14570        |  |
| Current Mai                               | ling Address:  |                        |                              |              |  |
| 1650 A1A SO<br>ST. AUGUS                  | OUTH<br>TINE, FL 32080-5464 US                                       |                        |                              |              |  |
| FEI Number: 59-1392531 Certificate of Sta |  |                        | Certificate of Status Desire | d: No        |  |
| Name and A                                | Address of Current Registered Agent:                                 |                        |                              |              |  |
|   | TH<br>IE, FL 32080 US  |                        |                              |              |  |
|   | d entity submits this statement for the purpose of changing its regi | stered office or regis |                              |              |  |
| SIGNATURE                                 | E: WILLIAM BLALOCK   |                        | 0                            | 3/16/2017    |  |
|   | Electronic Signature of Registered Agent                             |                        |                              | Date         |  |
| Officer/Dire                              | ctor Detail :  |                        |                              |              |  |
| Title                                     | PRES   | Title                  | S                            |              |  |
| Name                                      | VANZANTE, BILL   | Name                   | ROBINS, KELLY                |              |  |
| Address                                   | 1650 A1A SOUTH   | Address                | 1650 A1A SOUTH               |              |  |
|   |  |                        | 1030 ATA 000111              |              |  |
| City-State-Zip:                           |  | City-State-Zip:        |                              |              |  |
| City-State-Zip:<br>Title                  |  | City-State-Zip:        |                              |              |  |
|   | ST. AUGUSTINE FL 32080-5464  | City-State-Zip:        |                              |              |  |
| Title                                     | ST. AUGUSTINE FL 32080-5464<br>T                                     | City-State-Zip:        |                              |              |  |

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: BILL VANZANTE

PRESIDENT

03/16/2017

FILED

Electronic Signature of Signing Officer/Director Detail