#### 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.

VP

#### SIGNATURE: WILLIAM DONNAN

Electronic Signature of Signing Officer/Director Detail

AM CDONNAN

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 |                 |                    |
| Officer/Director Detail : |                 |  |                 |                    |
|                           | Title           | Р  | Title           | V                  |
|                           | Name            | DONNAN, CAROLYN L                        | Name            | DONNAN, WILLIAM CD |
|                           | Address         | 47 SAN MARCO AVE                         | Address         | 47 SAN MARCO AVE.  |
|                           | City-State-Zip: | ST. AUGUSTINE FL 32084                   | City-State-Zip: | ST. AUGUSTINE FL 3 |
|                           |                 |  |                 |                    |

S

BECKMAN, GARY L

SUITE 10F

5353 ARLINGTON EXPRESSWAY

JACKSONVILLE FL 32211

Title

Name

Address

City-State-Zip:

47 SAN MARCO AVE.

## FEI Number: 20-2272030

## Name and Address of Current Registered Agent:

DONNAN, WILLAIM C 47 SAN MARCO AVE ST. AUGUSTINE, FL 32084 US

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N04000011846

Entity Name: ANCIENT CITY SPIRITUAL CENTER INC.

### **Current Principal Place of Business:**

47 SAN MARCO AVE. ST. AUGUSTINE FL 32084

### **Current Mailing Address:**

ST. AUGUSTINE FL 32084

Certificate of Status Desired: No

FL 32084

### FILED Jan 31, 2016 Secretary of State CC5039894436

01/31/2016 Date

Date