

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705547 (8)

1. Corporation Name
ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FL ORIDA



Principal Place of Business: 30 SEVILLA ST ST AUGUSTINE FL 32084
Mailing Address: 27 SEVILLA STREET SAINT AUGUSTINE FL 32084-3535

3. Date Incorporated or Qualified: 04/30/1963
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-0816427
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: NORTH CUTT, FRANK P. 404 SEGOVIA ROAD ST. AUGUSTINE FL 32086
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: TAYLOR, RICHARD	1.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: BROWN, Bill
STREET ADDRESS: 235 COQUINA AVE.	CITY-ST-ZIP: ST AUGUSTINE FL	1.2 NAME: BROWN, Bill	1.3 STREET ADDRESS: 12 MADEIRA DRIVE
TITLE: SD <input type="checkbox"/> DELETE	NAME: PERRY, PAUL	1.4 CITY-ST-ZIP: ST. AUGUSTINE FL 32084	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1585 SPRING STREET	CITY-ST-ZIP: ST. AUGUSTINE FL	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PCD <input type="checkbox"/> DELETE	NAME: NORTH CUTT, FRANK P.	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 404 SEGOVIA ROAD	CITY-ST-ZIP: ST. AUGUSTINE FL	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD <input type="checkbox"/> DELETE	NAME: BURNETT, PAUL	3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 31 CINCINNATI AVE.	CITY-ST-ZIP: ST AUGUSTINE FL	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Frank P. Northcutt 2-15-96 (904) 829-3476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)