


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90079 018 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705547**  
 1. Corporation Name  
**ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FL ORIDA**

05031-90015-18

Principal Place of Business 30 SEVILLA ST ST AUGUSTINE FL 32084	Mailing Address 27 SEVILLA STREET SAINT AUGUSTINE FL 32084-3535
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 04/30/1963
Suite, Apt. #, etc. 27	Suite, Apt. #, etc. 27	4. FEI Number 59-0816427
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  <del>NORTHCUTT, FRANK P.</del> <del>404 SEGOVIA ROAD</del> <del>ST. AUGUSTINE FL 32088</del>	10. Name and Address of New Registered Agent 81 Name COOK, Wendell F., Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 27 Sevilla Street 83 84 City St. Augustine FL 85 Zip Code 32084
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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 Wendell F. Cook, Jr. *Wendell F. Cook, Jr.* DATE 5-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUFFER, FRANK 110 SEMINOLE ROAD ST AUGUSTINE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD JAMES RAY ROLLINS 47 Coquina Ave St. Augustine, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY R KEMP 3829 FT PEYTON CIR ST AUGUSTINE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD PAUL PERRY 1585 Spring Street St. Augustine, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NORTHCUTT, FRANK P. 404 SEGOVIA ROAD ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG, J.D. 1029 VISCAYA BLVD. ST AUGUSTINE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD BRUCE DUFF 5124 Shore Drive St. Augustine, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (1/88)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Duff *Bruce Duff* DATE: 04-25-99 (904) 797-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #