

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90094 050 \*\*\*\*61.25

DOCUMENT # 705547

1. Entity Name

ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FL

Principal Place of Business

Mailing Address

30 SEVILLA ST  
 ST AUGUSTINE FL 32084

27 SEVILLA STREET  
 SAINT AUGUSTINE FL 32084-3550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0816427**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COOK, WENDELL F JR~~  
~~27 SEVILLA STREET~~  
~~SAINT AUGUSTINE FL 32084~~

Name **RICE, David P., Dr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**148 Bartram Parke Lane**  
 City **Jacksonville** **FL** Zip Code **33259**

8. 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

3-16-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~  Delete  
 NAME ~~ROLLING, JAMES RAY~~  
 STREET ADDRESS ~~47 COQUINA AVE~~  
 CITY-ST-ZIP ~~ST AUGUSTINE FL~~

TITLE VD  Change  Addition  
 NAME TARRANT, Dee  
 STREET ADDRESS 20 Dondanville Rd, Apt 203  
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE SD  Delete  
 NAME PERRY, PAUL  
 STREET ADDRESS 1585 SPRING STREET  
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~VD~~  Delete  
 NAME ~~DUFF, BRUCE~~  
 STREET ADDRESS ~~5124 SHORE DRIVE~~  
 CITY-ST-ZIP ~~ST AUGUSTINE FL~~

TITLE VD  Change  Addition  
 NAME MEADE, James  
 STREET ADDRESS 230 Coquina Ave  
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PCD  Change  Addition  
 NAME RICE, David P.  
 STREET ADDRESS 148 Bartram Parke Lane  
 CITY-ST-ZIP Jacksonville, FL 33259

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

David P. Rice, President 03-16-00 (904)829-3476

Date

Daytime Phone #

CR2E037 (9/99)