

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705547

FILED
Mar 19, 2009
Secretary of State

Entity Name: ANCIENT CITY BAPTIST CHURCH OF ST. AUGUSTINE, FLORIDA

Current Principal Place of Business:

30 SEVILLA ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

27 SEVILLA STREET
SAINT AUGUSTINE, FL 320843535

New Mailing Address:

FEI Number: 59-0816427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, DAVID P DR.
148 BARTRAM PARKE LANE
JACKSONVILLE, FL 33259 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: PETERS, HUGH
Address: 307 MARSH POINT CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PCD () Delete
Name: RICE, DAVID P
Address: 148 BARTRAM PARKE LANE
City-St-Zip: JACKSONVILLE, FL 33259

Title: VD () Delete
Name: LADD, JOHN
Address: 9163 JUNE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: ELLIS, MARSHALL
Address: 4320 PALM STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID P. RICE

PCD

03/19/2009

Electronic Signature of Signing Officer or Director

Date