


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 710526</b> 1. Entity Name <b>CHURCH OF CHRIST OF ST. AUGUSTINE, FLORIDA, INC.</b>			
Principal Place of Business <b>2900 LEWIS SPEEDWAY SAINT AUGUSTINE FL 32084</b>		Mailing Address <b>2900 LEWIS SPEEDWAY SAINT AUGUSTINE FL 32084</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>DILBECK, JAMES 128 OAK AVENUE VB SAINT AUGUSTINE FL 32084</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			



1st MOORE CR2E037 (10/05)

4. FEI Number **59-6543861** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DILBECK, JAMES 128 OAK AVENUE VB SAINT AUGUSTINE FL 32084</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <small>(NAME)</small>	P <b>WASSON, W S</b>	TITLE <small>(NAME)</small>	
STREET ADDRESS	<b>3090 LEWIS SPEEDWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <small>(NAME)</small>	TD <b>DILBECK, JAMES D</b>	TITLE <small>(NAME)</small>	
STREET ADDRESS	<b>128 OAK AVENUE VB</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <small>(NAME)</small>	SD <b>GREENE, STEVE</b>	TITLE <small>(NAME)</small>	
STREET ADDRESS	<b>3090 LEWIS SPEEDWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <small>(NAME)</small>	D <b>RUSSELL, RAY</b>	TITLE <small>(NAME)</small>	
STREET ADDRESS	<b>840 C SR 16</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <small>(NAME)</small>	D <b>WARREN, BROWN</b>	TITLE <small>(NAME)</small>	
STREET ADDRESS	<b>1101 PLANTATION ISLAND DR. S #245</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <small>(NAME)</small>		TITLE <small>(NAME)</small>	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000472550  
03/29/06-80041-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 \_\_\_\_\_ DATE **3-17-06 524 18**