

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90034 045 \*\*\*\*61.25

50003906



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2349256

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

**DOCUMENT # 711597**

1. Entity Name  
FIRST BAPTIST CHURCH OF AURANTIA, INC.



Principal Place of Business  
3953 FAIRFAX DRIVE  
MIMS, FL 32754-0096

Mailing Address  
PO BOX 96  
MIMS, FL 32754-0096

2. Principal Place of Business  
3953 Fairfax Drive  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 96  
Suite, Apt. #, etc.

City & State  
Mims, Florida  
Zip 32754 Country Brevard

City & State  
Mims, Florida  
Zip 32754 Country Brevard

6. Name and Address of Current Registered Agent

LUCIER, MARY  
4965 HARRISON RD  
MIAMI, FL 32754

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AVERILL, JOM  
STREET ADDRESS 3941 SERLINE STREET  
CITY-ST-ZIP MIMS, FL 32754 ☐ Delete

TITLE VD  
NAME MCLENDON, CYRIL  
STREET ADDRESS 3542 ELLIS LANE  
CITY-ST-ZIP MIMS, FL 32754 ☐ Delete

TITLE SD  
NAME LUCIER, MARY  
STREET ADDRESS 4965 HARRISON RD.  
CITY-ST-ZIP MIMS, FL 32754 ☐ Delete

TITLE T  
NAME JOHNSTON, VIRGINIA A  
STREET ADDRESS 5720 SEMINOLE ST.  
CITY-ST-ZIP SCOTTSMOOR, FL 32755 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Virginia A. Johnston Virginia A. Johnston 01/14/05 321-269-1618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #