

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:05

DOCUMENT # 711946 (4)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF THE CITY OF ST. AUGUSTINE, FLORIDA

Principal Place of Business

Mailing Address

81 ST. FRANCIS ST.
ST AUGUSTINE FL 32084

P.O. BOX 96
ST. AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1966

3a. Date of Last Report

03/18/1994

4. FEI Number

00-7119460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ELLIS, CHARLES E~~
3678 CRAZYHORSE TRAIL
ST AUGUSTINE FL 32086

Hattie Jenkins
126 M.L. King Avenue
ST. Augustine, FL 32084

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Hattie Jenkins, Chairman, Trustee Bd.

Hattie Jenkins

2/17/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME ELLIS, CHARLES E
STREET ADDRESS 3678 CRAZYHORSE TRAIL
CITY-ST-ZIP ST. AUGUSTINE FL 32086

1.1 TITLE C
1.2 NAME Jenkins, Hattie
1.3 STREET ADDRESS 126 M.L. King Avenue
1.4 CITY-ST-ZIP ST. Augustine, FL 32084
 Change Addition

TITLE S
NAME GIBSON, BEVERLY
STREET ADDRESS 1845 OLD MOULTRIE RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

2.1 TITLE S
2.2 NAME White, Hattie
2.3 STREET ADDRESS 94 South Street
2.4 CITY-ST-ZIP ST. Augustine, FL 32084
 Change Addition

TITLE T
NAME WILLIAMS, MILDRED
STREET ADDRESS 243 MARIUS CT.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

3.1 TITLE T
3.2 NAME same
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

TITLE D
NAME ETHERIDGE, JANICE
STREET ADDRESS 700 W. POPE RD.#16
CITY-ST-ZIP ST. AUGUSTINE FL 32086

4.1 TITLE D
4.2 NAME Motley, Gene
4.3 STREET ADDRESS 18 S. Whitney Street
4.4 CITY-ST-ZIP ST. Augustine, FL 32095
 Change Addition

TITLE D
NAME JENKINS, HATTIE
STREET ADDRESS 126 M.L. KING AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

5.1 TITLE Tr
5.2 NAME Murry, Timothy
5.3 STREET ADDRESS 73 King Ferry Way
5.4 CITY-ST-ZIP ST. Augustine, FL 32084
 Change Addition

TITLE D
NAME BROWN, DAVID
STREET ADDRESS 1021 JOHN ST.
CITY-ST-ZIP ST. AUGUSTINE FL

6.1 TITLE Tr
6.2 NAME Clarence B. Williams
6.3 STREET ADDRESS 243 Marius Court
6.4 CITY-ST-ZIP ST. Augustine, FL 32086
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hattie Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95

Date

904-8295682

Official Phone #