

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 711946 (4)**

**1. Corporation Name**  
**THE FIRST BAPTIST CHURCH OF THE CITY OF ST. AUGUSTINE, FLORIDA**



**Principal Place of Business**  
81 ST. FRANCIS ST.  
ST AUGUSTINE FL 32084

**Mailing Address**  
P.O. BOX 96  
ST. AUGUSTINE FL 32085

<b>3. Date Incorporated or Qualified</b> 12/14/1966	<b>3a. Date of Last Report</b> 02/22/1995
<b>4. FEI Number</b> 00-7119460	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

JENKINS, HATTIE  
126 M.L. KING AVENUE  
ST AUGUSTINE FL 32084

**10. Name and Address of New Registered Agent**

**81** Name Mamie Lynch Jones  
**82** Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1303 1845 Old Moultrie Rd  
**83** City St. Augustine, #68  
**84** State FL **85** Zip Code 32085

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mamie Lynch Jones* DATE 6/22/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonattesting)

**12. OFFICERS AND DIRECTORS**

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, HATTIE	
STREET ADDRESS	126 M.L. KING AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITE, HATTIE	
STREET ADDRESS	94 SOUTH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, MILDRED	
STREET ADDRESS	243 MARIUS CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOTLEY, GENE	
STREET ADDRESS	18 S. WHITNEY STREET	
CITY-ST-ZIP	ST. AUGUTSTINE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MURRY, TIMOTHY	
STREET ADDRESS	73 KING FERRY WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CLARENCE B	
STREET ADDRESS	243 MARIUS COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Mamie L	
1.3 STREET ADDRESS	P.O. Box 1303 N/A	
1.4 CITY-ST-ZIP	St. Augustine, FL 32085	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Morgan, James E.	
3.3 STREET ADDRESS	832 W. 3rd Street	
3.4 CITY-ST-ZIP	St. Augustine, FL 32095	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James, Gloria	
6.3 STREET ADDRESS	64 Palmer Street	
6.4 CITY-ST-ZIP	St. Augustine, FL 32095	

**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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mamie L. Jones* DATE: 5/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)