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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

61 ST. FRANCIS ST.
ST AUGUSTINE FL 32084

P.O. BOX 96
ST. AUGUSTINE FL 32085-0096

3. Date Incorporated or Qualified
12/14/1966

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
00-7119460

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, MAMIE L
11845 OLD MOULTRIE RD
ST AUGUSTINE FL 32085

81 Name

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

83

84 City

FL

85 Zip Code

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

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 DELETE
NAME JONES, MAMIE L
STREET ADDRESS P.O. BOX 1303 N/A
CITY-ST-ZIP ST. AUGUSTINE FL 32805

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME WHITE, HATTIE
STREET ADDRESS 94 SOUTH STREET
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TR DELETE
NAME MORGAN, JAMES E
STREET ADDRESS 832 W 3RD STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE TR DELETE
NAME JAMES, GLORIA
STREET ADDRESS 64 PALMER STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32095

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TR DELETE
NAME MURRY, TIMOTHY
STREET ADDRESS 73 KING FERRY WAY
CITY-ST-ZIP ST. AUGUSTINE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

Date

Daytime Phone # 0001365

CR2E037 (9/96)