

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

0000152

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**

3. Date incorporated or Qualified: **12/14/1966**
 4. FEI Number: **00-7119460**
 Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JONES, MAMIE L	
STREET ADDRESS	P.O. BOX 1303 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL 32805	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITE, HATTIE	
STREET ADDRESS	94 SOUTH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MORGAN, JAMES E	
STREET ADDRESS	832 W 3RD STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	JAMES, GLORIA	
STREET ADDRESS	64 PALMER STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MURRY, TIMOTHY	
STREET ADDRESS	73 KING FERRY WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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

7/6/98 **904-826-1319**
 DATE DAYTIME PHONE #

CR2E037 (5/98)