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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711946

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12/14/1966

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

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 Mamie L Jones

(NOTE: Registered Agent signature required when reinstating)

1-25-99 DATE

12. OFFICERS AND DIRECTORS

TITLE C DELETED

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

TITLE S DELETED

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

TITLE TR DELETED

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

TITLE TTR DELETED

NAME JAMES, GLORIA STREET ADDRESS 64 PALMER STREET CITY-ST-ZIP ST. AUGUSTINE FL

TITLE TR DELETED

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

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)