

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711946

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF THE CITY OF ST. AUGU**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90124 047 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**81 ST. FRANCIS ST.**      **P.O. BOX 96**  
**ST AUGUSTINE FL 32084**      **ST. AUGUSTINE FL 32085-0096**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>00-7119460</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JONES, MAMIE L</b> <b>11845 OLD MOULTRIE RD</b> <b>ST AUGUSTINE FL 32085</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, MAMIE L</b>	NAME	<b>Mamie Lynch</b>
STREET ADDRESS	<b>P.O. BOX 1303 N/A</b>	STREET ADDRESS	<b>1845 Old Moultrie Rd #68 P.O. Box 1303</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32805</b>	CITY-ST-ZIP	<b>St. Augustine, FL 32085</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, HATTIE</b>	NAME	
STREET ADDRESS	<b>94 SOUTH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, JAMES E</b>	NAME	
STREET ADDRESS	<b>832 W 3RD STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	CITY-ST-ZIP	
TITLE	<b>TTR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GLORIA</b>	NAME	
STREET ADDRESS	<b>64 PALMER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUTSINE FL</b>	CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRY, TIMOTHY</b>	NAME	<b>Timothy Murry</b>
STREET ADDRESS	<b>73 KING FERRY WAY</b>	STREET ADDRESS	<b>142 Blanco Street</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	<b>St Augustine, FL 32084</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mamie Lynch*      MAMIE LYNCH      2/6/2000      797-7156  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)