

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90014 030 ****61.25

DOCUMENT # 711946

1. Entity Name

THE FIRST BAPTIST CHURCH OF THE CITY OF ST. AUGU

Principal Place of Business

Mailing Address

89 ST. FRANCIS ST.
 ST AUGUSTINE FL 32084

P.O. BOX 96
 ST. AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

00-7119460

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Mamie Lynch

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

P.O. BOX 1303 24 Rollins Avenue

St. Augustine Florida

City

FL

Zip Code

32084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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

TITLE NAME Change Addition
 Chair of Trustee Board
 STREET ADDRESS Mamie Lynch
 CITY-ST-ZIP 24 Rollins St. Augustine

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

TITLE NAME Change Addition

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

TITLE NAME Change Addition

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

TITLE NAME Change Addition

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

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2001

797-7156

Daytime Phone #

CR2E037 (10/00)

0007794