

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90078 010 \*\*\*\*61.25

**DOCUMENT # 711946**

1. Entity Name

**THE FIRST BAPTIST CHURCH OF THE CITY OF ST. AUGUSTINE, FLORIDA**

Principal Place of Business

Mailing Address

**81 ST. FRANCIS ST.  
 ST AUGUSTINE FL 32084**

**P.O. BOX 96  
 ST. AUGUSTINE FL 32085**

00020031



DO NOT WRITE IN THIS SPACE

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

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

**LYNCH, MAMIE  
 P O BOX 1303  
 24 ROLLINS AVE.  
 SAINT AUGUSTINE FL 32084**

Name

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

City

**FL**

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 JAMES E. MORGAN

2/03/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE 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     | CTB<br>LYNCH, MAMIE      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 24 ROLLINS AVENUE        |                                 |
| CITY-ST-ZIP    | SAINT AUGUSTINE FL 32084 |                                 |
| TITLE NAME     | S<br>WHITE, HATTIE       | <input type="checkbox"/> Delete |
| STREET ADDRESS | 94 SOUTH STREET          |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL         |                                 |
| TITLE NAME     | TR<br>MORGAN, JAMES E    | <input type="checkbox"/> Delete |
| STREET ADDRESS | 832 W 3RD STREET         |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL 32095   |                                 |
| TITLE NAME     | TTR<br>JAMES, GLORIA     | <input type="checkbox"/> Delete |
| STREET ADDRESS | 64 PALMER STREET         |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL         |                                 |
| TITLE NAME     | TR<br>MURRY, TIMOTHY     | <input type="checkbox"/> Delete |
| STREET ADDRESS | 73 KING FERRY WAY        |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL         |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| 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: JAMES E. MORGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/03/02

Date

Daytime Phone #

CR2E037 (9/01)