

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90041 030 \*\*\*\*70.00

**DOCUMENT # 711946**



1. Entity 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

**54019721**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152004 Chg-NP CR2E037 (10/03)

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	
MORGAN, JAMES E 832 W 3RD ST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, HATTIE			NAME			
STREET ADDRESS	94 SOUTH STREET			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP			
TITLE	CT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, JAMES E			NAME			
STREET ADDRESS	832 W 3RD STREET			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095			CITY-ST-ZIP			
TITLE	TTR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, GLORIA			NAME			
STREET ADDRESS	64 PALMER STREET			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRY, TIMOTHY			NAME			
STREET ADDRESS	73 KING FERRY WAY			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP			
TITLE	VCT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETHERIDGE, JANICE			NAME			
STREET ADDRESS	1720 S PALM AVE			STREET ADDRESS	74 Palmer Street		
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP	St. Augustine, FL 32084		
TITLE		<input type="checkbox"/> Delete		TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	JEFFERSON, MICHAEL		
STREET ADDRESS				STREET ADDRESS	133 BREN MAR LANE		
CITY-ST-ZIP				CITY-ST-ZIP	PALM COAST, FL 32137		

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 DATE: 3/16/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #