

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 017 ****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

40007879



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

01252005 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
 MORGAN, JAMES E
 832 W 3RD ST
 SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005
 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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURRY, TIMOTHY			NAME			
STREET ADDRESS	73 KING FERRY WAY			STREET ADDRESS	142 Briance Street		
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP			
TITLE	VCT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETHERIDGE, JANICE			NAME			
STREET ADDRESS	74 PALMER STREET			STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEFFERSON, MICHAEL			NAME			
STREET ADDRESS	133 BREN MAR LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137			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* 1/26/05 (904) 824-6590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #