

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711946

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

89 ST. FRANCIS ST.  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 00-7119460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFERSON, MICHAEL L  
137 BREN MAR LANE  
PALM COAST, FL 32137      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: WHEELER, PHYLLIS B  
Address: 105 JULIA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: CT      ( ) Delete  
Name: JEFFERSON, MICHAEL L  
Address: 137 BREN MAR LANE  
City-St-Zip: PALM COAST, FL 32137

Title: TTR      ( ) Delete  
Name: EDWARDS, DEMETRIA L  
Address: 103 LINCOLN STREET  
City-St-Zip: ST. AUGUTSTINE, FL 32084

Title: TR      ( ) Delete  
Name: BOLES, CALLIE M  
Address: 85 ST. FRANCIS STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VCT      ( ) Delete  
Name: WILDER, THELMA I  
Address: 1033 PURYEAR STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEMETRIA EDWARDS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TTR

04/29/2009

\_\_\_\_\_  
Date