

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90168 049 \*\*\*\*70.00

**DOCUMENT # 711946**



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

Principal Place of Business  
**61 ST. FRANCIS ST.  
ST AUGUSTINE FL 32084**

Mailing Address  
**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

Zip

Country

Zip

Country

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 **James E. Morgan**  
Street Address (P.O. Box Number is Not Acceptable)  
**832 W. 3rd Street**

City **St. Augustine** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Morgan* **JAMES E. MORGAN**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/25/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>CTB LYNCH, MAMIE</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>24 ROLLINS AVENUE</b>
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32084</b>
TITLE NAME	<b>S WHITE, HATTIE</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>94 SOUTH STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE NAME	<b>TR MORGAN, JAMES E</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>832 W 3RD STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE NAME	<b>TTR JAMES, GLORIA</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>64 PALMER STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE NAME	<b>TR MURRY, TIMOTHY</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>73 KING FERRY WAY</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
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	<b>Chairman/TR Morgan, James E</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>832 W. 3rd Street</b>
CITY-ST-ZIP	<b>St. Augustine, FL 32084</b>
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	<b>Vice Chairman/T Etheridge, Janice</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1720 S. Palm Avenue</b>
CITY-ST-ZIP	<b>Palatka, FL 32177</b>

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* **JAMES E. MORGAN** **2/25/03**

(904) 824-8651

CR2E037 (10/02)