FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736743 (6)

1. Corporation Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3375 US #1 SOUTH P.O. BOX 1034 ST AUGUSTINE FL 32085	3375 US #1 SOUTH P.O. BOX 1034 ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1976
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2311622 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
ATLANTIC BANK BLDG.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MALTIZ, ALBERT	1.2 NAME	HAYNES, George E., Jr	
STREET ADDRESS	3217 TURTLE CREEK RD	1.3 STREET ADDRESS	3765 Arrowhead Dr.	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	BARNARD, NANCY J.	2.2 NAME		
STREET ADDRESS	2884 KINGS RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 0	2.4 CITY-ST-ZIP		
TITLE	FS	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, FRAN	3.2 NAME		
STREET ADDRESS	3 MATANZAS CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 0	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MOFFITT, LYNNE	4.2 NAME		
STREET ADDRESS	402 3RD ST N BEACH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 0	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRAHAM, ROBERT J	5.2 NAME	John Prows	
STREET ADDRESS	4 DEANNA DR	5.3 STREET ADDRESS	148 Wisteria Rd.	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy J. Barnard Nancy J. Barnard 4/13/95 904/824-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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