2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-25-2005 90218 030 ****61.25

DOCUMENT # 736743

1. Entity Name
MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3375 US #1 SOUTH SAINT AUGUSTINE, FL 32086	3375 US #1 SOUTH SAINT AUGUSTINE, FL 32086 US

G6018333

01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2311622
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
~~ATLANTIC BANK BLDG.~~ 780 N. Ponce De Leon Bl.
ST. AUGUSTINE, FL 32084

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHMIMMEL, YVONNE
STREET ADDRESS	702 WILKES CT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	SD
NAME	~~ROBERTS, CAROL~~ Robert Boothe
STREET ADDRESS	~~612 CHRISTINA DR~~ 132 Moses Creek Blvd.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	FS
NAME	MOORE, FRAN
STREET ADDRESS	3 MATANZAS CIRCLE
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	T
NAME	SCHIMMEL, ROBERT T
STREET ADDRESS	702 WILKAS CT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	PD
NAME	ANDERSON, RYAN
STREET ADDRESS	446 LABELLA RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] ROBERT T. SCHIMMEL TREASURER 4/19/05 904/797-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #