## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 738343

(3)

**FILED** Mar 31 1997 8:00am Secretary of State

BIBLE BAPTIST CHURCH OF ST. AUGUSTINE, INCORPORA TED  Principal Place of Business Mailing Address 2485 OLD MOULTRIE RD 2485 OLD MOULTRIE RD									
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086-528									
						3. Date incorporated or Qualified 03/14/1977	Sa. Dat	te of Last R 7/08/199	leport <b>)6</b>
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 59-2128845	_ <del> </del>	·	oplied For
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				<del></del>		39 2 120043			ot Applicable
22 27 Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional equired
City & Stat	le	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			. 1 <b>9</b> 9.032,
24	25 9. Name and Address of Curre		30				Yes A		
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New R	agistereo A	gent	
CTUDID/	E TALMADOE		Į.						
	ETHRIDGE, TALMADGE 560 LEWIS PT. RD. EXT.			82 Street Address (P.O. Box Number is Not Acceptable)					
	ST AUGUSTINE FL 32086			83					
טו אטטו	BOTHLY E GEOGG		1						
			Į.	B4	City		FL	<b>65</b>   Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statuti	es, the ab	ove-	named co	prporation submits this statement for the	purpose of	changing r	ts registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 617.0503, Fix	iutnorizec orida Stati	utes.	the corpor	progration submits this statement for the ation's board of directors. I hereby acce	pritte appr	as Inemink	registereo
SIGNATURE									
	Signature typed or printed name of registered a			Agen	t signature req	juired when reinstating)	DATÉ	5,555,55	50 111 45
12.	OFFICERS AI	ND DIRECTORS DELETE	13,			ADDITIONS/CHANGES TO OFFI		☐ Change	Addition
TITLE	ETHRIDGE, TALMADGE		1.1 TITLE 1.2 NAME					T Pristings	L ADDROU
NAME CIDELLANDRESS	560 LEWIS PT RD EXT.				INDEECC				
CITY-ST-ZIP	ST. AUGUSTINE FL			1.3 STREET ADDRESS 1.4 City-St-Zip			-4100		<u></u>
TITLE	SD	DELETE	2.1 TOTLE		- 2#			Change	Addition
NAME	TAYLOR, ANNETTE		2.2 NAM		İ				
STREET ADDRESS	4553 AVE C		2.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		r-zip				
TITLE			_	3.1 TITLE				Change	Addition
NAME	STRAFFON SIGNOME	``	3.2 NAME		[				
STREET ADDRESS	125-B NINE MILE RD.		3.3 STREE		ADDRESS				
CITY-S1-ZIP			3.4. CI		-ZIP				<del></del>
TITLE	D COLUMN COLUMN	DELETE	4.1 TifLE		- 1			Change	Addition
NAME	SPURLOCK, JESSIE		4. 2 NAME		[				
STREET ADDRESS	2575 SAN JUAN DR.				DDRESS				
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	Profess	4.4 CITY-ST-Z					05	1220122
TITLE	TAVIOD DONALD	☐ DELETE	5.1 TITLE			VTD		Change	Addition
NAME OTDECT ADDRESS	TAYLOR, DONALD 4553 AVE C		5.2 NA		DDDCC0				
STREET ADDRESS	ST AUGUSTINE FL				DDRESS				
CITY: ST-ZIP TITLE	OF AUGUSTINE IE			4 CITY-ST-ZIP 1 TITLE			<del></del>	Change	Addition
NAME		C DEFFIE	6.2 NA		1			Original Communication	ADDHION
STREET ADDRESS					iddress				
CITY-S1-ZIP			6.4 CIT						
	by partify that the information sympli	ad with this filing does not qualif				ed in Section 119 07/31(i) Florida Statut	oc I further	cortify that	the

r do nereby certify that the information supplied with this tiling 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.

Ethilas Johnson From See Ethinge 3-25-97 904.797-3999
INTER NAME OF SIGNING FFFCER OR DIRECTOR