

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90038 022 ****61.25

DOCUMENT # 738343

1. Corporation Name

BIBLE BAPTIST CHURCH OF ST. AUGUSTINE, INCORPORATED

Principal Place of Business

2485 OLD MOULTRIE RD
ST. AUGUSTINE FL 32086

Mailing Address

2485 OLD MOULTRIE RD
ST. AUGUSTINE FL 32086



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/14/1977

4. FEI Number

59-2128845

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

9. Name and Address of Current Registered Agent

ETHRIDGE, TALMADGE
580 LEWIS PT. RD. EXT.
ST AUGUSTINE FL 32086

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ETHRIDGE, TALMADGE
CITY-ST-ZIP 580 LEWIS PT RD EXT.
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BLAIR, JEAN
CITY-ST-ZIP 2670 OLD MOULTRIE RD
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME D
STREET ADDRESS SPURLOCK, JESSIE
CITY-ST-ZIP 2575 SAN JUAN DR.
ST AUGUSTINE, FL 00000

TITLE ☐ DELETE

NAME D
STREET ADDRESS BLAIR, SANFORD
CITY-ST-ZIP 2670 OLD MOULTRIE RD
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME VTD
STREET ADDRESS SPULLOCK, JESSIE
CITY-ST-ZIP 2575 SAN JUAN DR
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Talmdge Ethridge
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2F037-11/98