# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2000 8:00 am**
**Secretary of State**
01-31-2000 90022 009 ****61.25

DOCUMENT # 738343

1. Entity Name

BIBLE BAPTIST CHURCH OF ST. AUGUSTINE, INCORPORA

| Principal Place of Business | Mailing Address |
|---|---|
| 2485 OLD MOULTRIE RD<br>ST. AUGUSTINE FL 32086 | 2485 OLD MOULTRIE RD<br>ST. AUGUSTINE FL 32086-5287 |

DO NOT WRITE IN THIS SPACE

| 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 59-2128845 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name: H. Allen Davis
Street Address (P.O. Box Number is Not Acceptable): 238 Dartmouth Rd.
City: St. Augustine **FL** Zip Code: 32086

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.

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ETHRIDGE, TALMADGE<br>560 LEWIS PT RD EXT.<br>ST. AUGUSTINE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>H. Allen Davis<br>238 Dartmouth Rd.<br>St. Augustine, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BLAIR, JEAN<br>2670 OLD MOULTRIE RD<br>ST AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPURLOCK, JESSIE<br>2575 SAN JUAN DR.<br>ST AUGUSTINE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLAIR, SANFORD<br>2670 OLD MOULTRIE RD<br>ST AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>SPULLOCK, JESSIE<br>2575 SAN JUAN DR<br>ST AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** H. Allen Davis H. ALLEN DAVIS 1/26/00 904-797-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #