

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90095 011 ****61.25

DOCUMENT # 738343

1. Entity Name

BIBLE BAPTIST CHURCH OF ST. AUGUSTINE, INCORPORATED

Principal Place of Business

Mailing Address

2485 OLD MOULTRIE RD
 ST. AUGUSTINE FL 32086

2485 OLD MOULTRIE RD
 ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2128845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ALLEN H
159 PHOENETIA DRIVE
SAINT AUGUSTINE FL 32086

Name Tahmadge Ethridge
 Street Address (P.O. Box Number is Not Acceptable)
560 Lewis Pt Rd Ext
St. Augustine
 City 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 Tahmadge Ethridge Tahmadge Ethridge PD 4-30-02
 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	SD	<input type="checkbox"/> Delete
NAME	BLAIR, JEAN	
STREET ADDRESS	2670 OLD MOULTRIE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, SANFORD	
STREET ADDRESS	2670 OLD MOULTRIE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SPURLOCK, JESSIE	
STREET ADDRESS	2575 SAN JUAN DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, ALLEN H	
STREET ADDRESS	159 PHOENETIA DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tahmadge Ethridge	
STREET ADDRESS	560 Lewis Pt Rd Ext	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Tahmadge Ethridge Tahmadge Ethridge 4-30-02 904-797-3999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)