## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 738343** 1. Entity Name RIBI F BAPTIST CHURCH OF ST. AUGUSTINE, INCORPORA

**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90042 033 \*\*\*\*61.25

ASS OLD MOULTIME RO T. AUGUSTINE FL 30088  ST. AUGUSTI	TED	·+		WE ITS					
Suite, Apt. 4, etc.  Suite, Ap	485 OLD MOULTRIE RD		2485 OLD MOULTRIE RD		400000				
Suite, Apt. 4, etc.  Suite, Ap									
City & State  City & State  City & State  Country  Country  A FEI Number 59-2128845  A Popled  Set Children of Status Desired  Set Children of Status Desired  Set Children of Status Desired  A FEI Number 18 Not Acceptable  Street Address of Nam Registered Agent  T. Name and Address of Name Registered Agent  T. Name and Addre	. Principal Pla	ace of Business	3. Mailing Address	Mailing Address					
Dot Age   Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Bodget ENDS PT RO  SAINT AUGUSTINE FL 32086  375 Floridian Are  City Shark white FL 2006  C	City & State		City & State		4. FEI Number 59-2	2128845	<del></del>	olied For Applicable	
ETHRIDGE, TOLMODGE 50 LEWIS PT RD SAINT AUGUSTINE FL 32086  3. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  SIGNATURE  BLAIR, JEAN SIRRETADORSS STRETADORSS STRETADORSS STRETADORSS STAUGUSTINE FL 32086  D. D. Delete SIRRETADORSS STRETADORSS STRET	Zip Country		Zip Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
STITUTE NOW: FEE IS \$61.25  B. Election Campaign Financing SD BLAIR, JEAN SIGNATURE  B. BLAIR, JEAN SIGNATURE  B. BLAIR, JEAN SIGNATURE  B. BLAIR, SANFORD SIREST AUGUSTINE FL 32088  CDT-51-2P  THE  DAYS  BLAIR, SANFORD  STREET AUGUSTINE FL 32088  CDT-51-2P  THE  DAYS  ALUGISTINE FL 32088  CDT-51-2P  THE  DAYS  ALUGISTINE FL 32088  CDT-51-2P  THE  MAME STREET AUGUSTS  STREET		6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered	Agent		
SIGNATURE    Content   Con	560 LEWIS	S PT RD JGUSTINE FL 32086	or the purpose of changing its reg	Street Address of City S4	Floridi Antustia	an Ave e Fl	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME BLAIR, JEAN 2670 OLD MOULTRIE RD ST AUGUSTINE FL 32086 CITY-ST-ZIP NAME BLAIR, SANFORD STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SPURLOCK, JESSIE ST AUGUSTINE FL 32086 CITY-ST-ZIP TITLE NAME SPURLOCK, JESSIE ST AUGUSTINE FL 32086 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change C Change C Change C CHANGE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C CHANGE CITY-ST-ZIP C CHANGE CITY-	SIGNATURE _	Keyry M. To	9. Election Campa	iign Financing	\$5.00 May Be	DATE  Make Chec	k Payable i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME BLAIR, JEAN 2670 OLD MOULTRIE RD ST AUGUSTINE FL 32086 CITY-ST-ZIP NAME BLAIR, SANFORD STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SPURLOCK, JESSIE ST AUGUSTINE FL 32086 CITY-ST-ZIP TITLE NAME SPURLOCK, JESSIE ST AUGUSTINE FL 32086 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change C Change C Change C CHANGE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C CHANGE CITY-ST-ZIP C CHANGE CITY-					ADDITIONS (CHANGES	TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME BLAIR, SANFORD STREET ADDRESS CITY-ST-ZIP STAUGUSTINE FL 32086 CITY-ST-ZIP TITLE NAME SPURLOCK, JESSIE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change Change	TITLE NAME STREET ADDRESS	SD Blair, Jean 2670 old Moultrie RD		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES	TO OFFICERS AND D		Addition	
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TITLE Delete TITLE Change	TITLE NAME STREET ADDRESS		☐ Delete ·	NAME STREET ADDRESS		-	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  1.19 07(3)(i), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(i), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(ii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(ii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(ii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iiii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iiii), Florida Statutes, I further certify that the information stated in Section 1.19 07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	TITLE NAME STREET ADDRESS			NAME Street Address City-St-Zip	Section 440 07/20/0) Flori	ida Statutas I further o		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:

| Signature | S

SIGNATURE: