

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-04-2001 90052 011 ****61.25

DOCUMENT # N00000002557

1. Entity Name

CHURCH OF THE SAVIOR, ST. AUGUSTINE, INC.

Principal Place of Business

**120 SOUTH BEACH DRIVE
 ST. AUGUSTINE FL 32095**

Mailing Address

**120 SOUTH BEACH DRIVE
 ST. AUGUSTINE FL 32095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32084

32084

4. FEI Number

59-3634894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, R. KEITH
 3125 WEST NEW HAVEN AVE STE 200
 WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE	P	<input type="checkbox"/> Delete
NAME	David B. Huffstetler	
STREET ADDRESS	120 South Beach Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	V	<input type="checkbox"/> Delete
NAME	Gerald McCartt	
STREET ADDRESS	44 Miruela Ave.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	Allan Pierce	
STREET ADDRESS	2375 Pellicer Rd.	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	Teresa Doyle	
STREET ADDRESS	9 Pritchard Dr.	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David B. Huffstetler "T"	
STREET ADDRESS	120 South Beach Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald McCartt "T"	
STREET ADDRESS	44 Miruela Ave.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan Pierce "T"	
STREET ADDRESS	2375 Pellicer Rd.	
CITY-ST-ZIP	St/ Augustine, FL 32092	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa Doyle "T"	
STREET ADDRESS	9 Pritchard Dr.	
CITY-ST-ZIP	Palm Coast, FL 32164	
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:

David B. Huffstetler

David B. Huffstetler 4/27/01 904-823-1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)