

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011846

FILED  
Feb 26, 2005  
Secretary of State

**Entity Name:** ANCIENT CITY SPIRITUAL CENTER INC.

**Current Principal Place of Business:**

47 SAN MARCO AVE.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

47 SAN MARCO AVE.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 20-2272030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONNAN, WILLIAM C  
47 SAN MARCO AVE  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DONNAN, CAROLYN L  
Address: 47 SAN MARCO AVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V ( ) Delete  
Name: DONNAN, WILLIAM C  
Address: 47 SAN MARCO AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: BECKMAN, GARY L  
Address: 5353 ARLINGTON EXPRESSWAY SUITE 10F  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. DONNAN

V

02/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date