FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04007** **(3)**

1. Corporation Name

WEST ST. AUGUSTINE STREET CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
609 WEST ST. AUGUSTINE STREET TALLAHASSEE FL 32304	609 WEST ST. AUGUSTINE STREET TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: 07/03/1984
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business
21: Paul Russell Rd. Church of Christ
Suite, Apt. #, etc.
22: 916 Paul Russell Road
City & State
23: Tallahassee, FL
Zip 24: 32301 Country 25: Leon

2a. Mailing Address
26:
Suite, Apt. #, etc.
27: 916 Paul Russell Road
City & State
28: Tallahassee, Florida
Zip 29: 32301 Country 30: Leon

4. FEI Number: 59-3214988 — Applied For ☐ Not Applicable ☒

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, RAYMOND T
1020 BOB WHITE DRIVE
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Raymond T Williams — Raymond T Williams — DATE: 3/3/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLERR, DAMON SR.		1.2 NAME	
STREET ADDRESS	2202 WOODBINE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ALBERT JR.		2.2 NAME	
STREET ADDRESS	1404 BALBOA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES E		3.2 NAME	
STREET ADDRESS	606 PEGGY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL 32311		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, JAMES E		4.2 NAME	500001738145
STREET ADDRESS	408 DUPONT AVENUE		4.3 STREET ADDRESS	-03/11/96--01006--014
CITY-ST-ZIP	QUINCY FL 32351		4.4 CITY-ST-ZIP	***61.25
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CONOLY, JAMES L		5.2 NAME	
STREET ADDRESS	6008 BUCKLAKE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	JP 3/8
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Damon Miller, SR. — Damon Miller, SR. — 3/3/96 — 561-2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #