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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05922 (2)

1. Corporation Name

PRESBYTERY OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

C/O EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217C/O EDWIN W. ALBRIGHT, JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217-20133. Date Incorporated or Qualified
10/30/19843a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6014964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRIGHT, EDWIN W., JR.
1937 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32217

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME IRWIN, JAMES A.
STREET ADDRESS 1925 WOODLEIGH DR.W.
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETETITLE SD
NAME ALBRIGHT, EDWIN W.,JR.
STREET ADDRESS 1937 UNIVERSITY BLVD.W.
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETETITLE D
NAME PURCIFULL, BOB
STREET ADDRESS 12940 RIVER PLACE CT.
CITY-ST-ZIP JACKSONVILLE FL 32223
☒ DELETETITLE D
NAME CARR, CYNTHIA C
STREET ADDRESS 8392 BRIERWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETETITLE D
NAME BROWN, TOM
STREET ADDRESS RT. 13 BOX 50
CITY-ST-ZIP LAKE CITY FL 32055
☒ DELETETITLE D
NAME EDMISTON, MARGARET ANN
STREET ADDRESS 75 AVISTA CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL
☒ DELETE1.1 TITLE D
1.2 NAME Martha Holman
1.3 STREET ADDRESS 1637 Beach Avenue
1.4 CITY-ST-ZIP Atlantic Beach, FL 32233
☐ Change ☒ Addition2.1 TITLE D
2.2 NAME Ann VanDenBerg
2.3 STREET ADDRESS 173 Barberry Lane
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082
☐ Change ☒ Addition3.1 TITLE D
3.2 NAME Hamilton Cooke
3.3 STREET ADDRESS 2254 Riverplace Tower
3.4 CITY-ST-ZIP Jacksonville, FL 32207
☐ Change ☒ Addition4.1 TITLE D
4.2 NAME Stuart Dornblaser
4.3 STREET ADDRESS 2801 S. Ponte Vedra Blvd.
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082
☐ Change ☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005702

CR2E037 (9/96)