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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05922** (2)

1. Corporation Name

PRESBYTERY OF ST. AUGUSTINE, INC.



Principal Place of Business C/O EDWIN W. ALBRIGHT, JR. 1937 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217	Mailing Address C/O EDWIN W. ALBRIGHT, JR. 1937 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217
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3. Date Incorporated or Qualified 10/30/1984
4. FEI Number 59-6014964
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ALBRIGHT, EDWIN W., JR. 1937 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217
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10. Name and Address of New Registered Agent 81 Name Michael E. Williams 82 Street Address (P.O. Box Number is Not Acceptable) 83 1937 University Blvd. W. 84 City Jacksonville FL 85 Zip Code 32217
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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 *Michael E. Williams* **3/18/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	IRWIN, JAMES A.
STREET ADDRESS	1925 WOODLEIGH DR.W.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ALBRIGHT, EDWIN W.,JR.
STREET ADDRESS	1937 UNIVERSITY BLVD.W.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLMAN, MARTHA
STREET ADDRESS	1637 BEACH AVENUE
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VANDENBERG, ANN
STREET ADDRESS	173 BARBERRY LANE
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COOKE, HAMILTON
STREET ADDRESS	2254 RIVERPLAE TOWER
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DORNBLASER, STUART
STREET ADDRESS	2801 S. PONTE VEDRA BEACH
CITY-ST-ZIP	PONTE VEDRA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Booher, David
2.4 CITY-ST-ZIP	4304 Sherwood Road
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Stuart Dornblaser* **24-98**

CR2E037 (10/97)