2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N05922

FILED Mar 01, 2004 8:00 am Secretary of State 03-01-2004 90053 028 ****61.25

PRESBYTERY OF ST. AUGUSTINE, INC.											
1937 UNIVERSITY BLVD WEST 193			uiling Address 937 UNIVERSITY BLVD WEST CKSONVILLE, FL 32217			94022873					
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232004	Chg-NP	CR2	E037 (10/03)			
City & Stat	е	City & State	City & State			4. FEI Number 59-601			-	pplied For ot Applicable	
Žip	Country	Zip	Cou	intry			of Status Desir		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of N	ew Register	ed Agent		
HOOKER, PAUL K				Name					• • • •		
1937 UNIV	/ERSITY BLVD W. VILLE, FL 32217				Street Address (P.O. Box Number is Not Acceptable)						
				City				· · · _	■ ∎ Zip Coo	10	
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	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	ed office or i	register	ed agent, or bot	th, in the State	of Florida. I	am familiar with	, and accept	
	and the second and the second										
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signatur	re required	when reinstating)		DA	JE		
SIGNATURE		9. Election Can Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May B Added to Fees	6	Make ch	neck payable	10.00	
SIGNATURE	Signature, typed or printed name of registered agent : Filling Fee is \$61.25	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B		Make ci Fiorida De	neck payable partment of S	itate	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STUART DORNBLASER