2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N10886

1. Entity Name
TRUSTEE CORPORATION OF THE ST. AUGUSTINE



Feb 27, 2008 8:00 am Secretary of State 02-27-2008 90004 040 ****70.00

FILED

ROAD BAPTIST CHURCH, INC.				N. Control								
Principal Place of Business 13233 ST. AUGUSTINE RD. JACKSONVILLE, FL 32258		1323	Mailing Address 13233 ST. AUGUSTINE RD. JACKSONVILLE, FL 32258									
2. Principal Place of Business - No P.O. Box#		3. Maili	3. Mailing Address									
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01222008 CF	ng-NP	CR2E03	37 (12/06)			
City & State		City	City & State			4. FEI Number 59-611579	14			oplied For ot Applicable		
Zip	Country	Zip		Country		5. Certificate of St.	atus Desired		\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent			d Agent			7. Name and Add	ress of New R	Registered A	\gent			
BUMPERS, HOWARD H.				Nam	e							
13233 ST. AUGUSTINE RD. JACKSONVILLE, FL. 32258					Street Address (P.O. Box Number is Not Acceptable)							
	·\$			City				FL	Zip Code	e		
8. 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. I am familiar with, and accept the obligations of registered agent.												
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					SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE							
SIGNATURE	Signature, typed or printed name of registered ago	ent and trile if app	licable. (NOTE: F	Registered Agent s	Jnature required	d when reinstating)		DATE		.		
SIGNATURE	Filing Fee is \$61.25	ent and trile if app	9. Election Camp	algn Financir		\$5.00 May Be		lake check	payable to			
	Filing Fee is \$61.25 Due by May 1, 2008		T	aign Financir	g 🗆	\$5.00 May Be Added to Fees	Flor	lake check rida Depart	Iment of Si	ate		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Measures January 22, 2008

904/268-6246 Daytime Phone #