

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18962

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** MOULTRIE BAPTIST CHURCH, INC. OF ST. AUGUSTINE, FLORIDA

**Current Principal Place of Business:**

3699 U.S. 1, SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

3699 U.S. 1, SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-2388804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ARMENTA, JOHN  
3699 US 1 S  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

WOLFE, DONALD  
3699 US 1 S  
SAINT AUGUSTINE, FL 32086 US

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.

SIGNATURE: DON WOLFE

04/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARRIS, GEORGE  
Address: 1015 ALTARA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: WOLFE, DONALD  
Address: 712 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: MARSHALL, DANA  
Address: 287 TWIN FOX TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S ( ) Delete  
Name: NIX, KAY  
Address: 4255 REGINA ST  
City-St-Zip: HASTINGS, FL 32145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WOLFE, DONALD  
Address: 712 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition  
Name: COMPTON, KEN  
Address: 601 ST. AUGUSTINE SOUTH DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition  
Name: RENTZ, DANNY  
Address: 4608 PEELE STREET  
City-St-Zip: ELKTON, FL 32033

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: DUREN, SANDY  
Address: 540 MOULTRIE WELLS ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Change (X) Addition  
Name: WINGARD, GARY  
Address: 1693 BRIAN WAY  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY NIX

S

04/20/2005

Electronic Signature of Signing Officer or Director

Date