

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90035 049 \*\*\*\*61.25

**DOCUMENT # N18962**

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



Principal Place of Business  
**3699 U.S. 1, SOUTH  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**3699 U.S. 1, SOUTH  
ST. AUGUSTINE, FL 32086**

**40070502**



**DO NOT WRITE IN THIS SPACE**

04082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2388804**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WOLFE, DONALD  
712 CAMELIA TRAIL  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRADDOCK, RALPH  
5425 DATIL PEPPER RD  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRADDOCK, JASPER  
3490 OLD MOULTRIE ROAD  
MIDDLEBURG, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WATTS, DENNIS  
5009 SHORE DR.  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PHILIPS, CARL  
233 DELTONA BLVD  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/08**  
Date

Daytime Phone #