

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 040 ****70.00

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**

11036911



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2388804**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTY, LARRY REV
3699 U.S. 1, SOUTH
ST. AUGUSTINE FL 32086**

Name **Armenta, John**

Street Address (P.O. Box Number is Not Acceptable)

3699 US #1 So

City **St Augustine FL**

Zip Code **32086**

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

John Armenta

John Armenta

4.29.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARMENTA, JOHN	
STREET ADDRESS	3316 WOODBURY CT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMMERSON, DONNA	
STREET ADDRESS	4084 PINE RUN CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, DICK	
STREET ADDRESS	11 COQUINA BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRADDOCK, RALPH	
STREET ADDRESS	5425 DATIL PEPPER RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSHALL, DANA	
STREET ADDRESS	287 TWIN FOX TRAIL	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Harris	
STREET ADDRESS	1015 Altara Avenue	
CITY-ST-ZIP	St Augustine FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Chapman	
STREET ADDRESS	4212 Oak Lane	
CITY-ST-ZIP	St Augustine FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kay Nix	
STREET ADDRESS	4255 Regina St	
CITY-ST-ZIP	Hastings FL 32145	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

John Armenta

4.29.03 (904) 797-9005

CR2E037 (10/02)