

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$195 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:08

**DOCUMENT # N29180 (9)**  
1. Corporation Name  
**SAINT AUGUSTINE BAPTIST CHURCH, INCORPORATED**

Principal Place of Business Mailing Address  
**145 LEWIS POINT ROAD PO BOX 2201  
P.O. BOX 2201 ST. AUGUSTINE FL 32085-2201  
ST. AUGUSTINE FL 32002-2201 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/08/1988</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>59-2890738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**JONES LOUIS  
840 COUNTY ROAD 13A  
ELKTON FL 32835**

501 N. 3rd Street  
Palatka FL 32177

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	<b>FL</b>
05 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE \_\_\_\_\_  
Signature (owner or president) of registered agent and title if applicable. (Date) Registered Agent Signature required when registering. (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>JONES, LOUIS</b>
STREET ADDRESS	<b>840 COUNTY RD 13A</b>
CITY, ST, ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>D</b>
NAME	<b>MILLS, MARVIN</b>
STREET ADDRESS	<b>2845 N FIRST ST</b>
CITY, ST, ZIP	<b>ST AUGUSTINE FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, DAVID</b>
STREET ADDRESS	<b>40 CARRERA STREET</b>
CITY, ST, ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>501 N. 3rd Street</b>
1.4 CITY, ST, ZIP	<b>PALATKA FL 32177</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Smith 6/14/95 904 826-2235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E007 (3/95)