

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **145 LEWIS POINT ROAD P.O. BOX 2201 ST. AUGUSTINE FL 32802-2201**
Mailing Address: **PO BOX 2201 ST. AUGUSTINE FL 32085-2201 US**

3. Date Incorporated or Qualified: **11/08/1988**
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business: **21 110 CIRCLE DRE**
Suite, Apt. #, etc.:
City & State: **23 ST AUGUSTINE FL**
Zip: **24 32095** Country: **25 USA**

4. FEI Number: **59-2890738**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JONES LOUIS
501 N 3RD ST
PALATKA FL 32177**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, LOUIS	
STREET ADDRESS	501 N 3RD ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, MARVIN	
STREET ADDRESS	2845 N FIRST ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	40 CARRERA STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, BARBARA	
1.3 STREET ADDRESS	40 CARRERA ST	
1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLER, MARVIN	
2.3 STREET ADDRESS	210 CARTER RD EXT	
2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHIERLING, BILL	
3.3 STREET ADDRESS	2365 DEERWOOD LN	
3.4 CITY-ST-ZIP	ST AUGUSTINE FL 32086	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, DAVID	
4.3 STREET ADDRESS	40 CARRERA ST	
4.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
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 119.07(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 **DAVID SMITH** Date: **4/23/96** Daytime Phone #: **904 816-2235**

CR2E037 (12/95)