## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

SAINT AUGUSTINE BAPTIST CHURCH, INCORPORATED

					<u> </u>		
Principal Place of Business Mailing Address				( 498/1694 BEB 11918 1919) 1189) (BID) 981) 9181 BIB)	. 81811 91811 81811 1881		
110 CIR DR E		110 CIRCLE DR. E.			3. Date Incorporated or Qualified		
ST. AUGUSTINE FL 32095		ST. AUGUSTINE FL 32095	ST. AUGUSTINE FL 32095		11/08/1988		
บร		US			4. FEI Number	Applied For	
					59-2890738	Not Applicable	
2. Principal Place of Business		2a. Mailing Address	2e. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Regulred		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.00 May Be	
22		27	<del></del>		Trust Fund Contribution		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
23		28	28		☐ Yes ☐ No		
Zip	Country	` <b>-</b>		,	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.  Yes No		
9. Name and Address of Current Registered Agent			81	Name	10. Name and Address of New Registered Agent		
			81	INAIIIO			
JONES L 501 N 3		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	ND 31 A FL 32177		83				
			84	City	p= ,   85	Zip Code	
		1017 1500 51			FL	naina ita ragistarad	
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.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE _	Signature, typed or printed name of registered	agent and title il applicable (NOTI	E. Registered Age	ent signature requi	ired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR		
TITLE	D	DELETE	1,1 TITLE			Change	
NAME	SMITH, BARBARA		1.2 NAME				
STREET ADDRESS	40 CARRERA ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY - 9	ST- <b>Z</b> IP		2.	
TITLE	D	☐ DELETE	2.1 TITLE		L),	Change Addition	
NAME	MILLER, MARVIN		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-	ST-ZIP		Change Addition	
TITLE			3.1 TITLE		L-1	nierde 🗂 vonstoli	
NAME	SHIERLING, BILL		3.2 NAME				
STREET ADDRESS	2365 DEERWOOD LN		3.3 STREET	- 1			
CITY-ST-ZIP TITLE	ST. AUGUSTINE FL	DELETE	3.4. CITY- 4.1 TITLE	51 - ZIP		Change Maddition	
NAME	REGISTER, LORI	E Deterie	4.2 NAME		SMITH, DAVID	•	
STREET ADDRESS	4443 SARTILLO DR.			T ADDRESS	40 CARRERAST		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-5		ST AVEUSTING FL 3208	7	
TITLE	41 1100001111E 1 E	DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		<u> </u>	
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
1			I	. 1			

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

3/5/98

904 826-2235

**FILED** 

Mar 10 1998 8:00am

Secretary of State