


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90024 026 ****61.25

DOCUMENT # N29180			
1. Entity Name SAINT AUGUSTINE BAPTIST CHURCH, INCORPORATED			
Principal Place of Business 110 CIRCLE DR E SAINT AUGUSTINE, FL 32084 US		Mailing Address 110 CIRCLE DR E SAINT AUGUSTINE, FL 32084 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, DAVID 308 EBB TIDE CT PONTE VEDRA BEACH, FL 32082		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	SMITH, BARBARA		
STREET ADDRESS	308 EBB TIDE CT		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	MILLER, MARVIN		
STREET ADDRESS	210 CARTER RD EXT		
CITY-ST-ZIP	ST AUGUSTINE, FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SHIERLING, BILL		
STREET ADDRESS	2365 DEERWOOD LN		
CITY-ST-ZIP	ST. AUGUSTINE, FL		
TITLE	T	<input type="checkbox"/> Delete	
NAME	SMITH, DAVID		
STREET ADDRESS	308 EBB TIDE CT		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tracy Smith		
STREET ADDRESS	2867 9th Street		
CITY-ST-ZIP	St Augustine FL 32084		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Charles Christensen		
STREET ADDRESS	363 Circle DR		
CITY-ST-ZIP	St Augustine FL 32084		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>David Smith</i> David Smith		2/15/04 904 826-2239	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	