2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# N29180

Entity Name: SAINT AUGUSTINE BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

110 CIRCLE DR E
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

110 CIRCLE DR E
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2890738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DAVID
308 EBB TIDE CT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, TRACY
Address: 2867 9TH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: CHRISTENSEN, CHARLES
Address: 363 CIRCLE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: SHIERLING, BILL
Address: 2365 DEERWOOD LN
City-St-Zip: ST. AUGUSTINE, FL

Title: T ( ) Delete
Name: SMITH, DAVID
Address: 308 EBB TIDE CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHIERLING, BILL
Address: 2365 DEERWOOD LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SMITH T 03/25/2005

Electronic Signature of Signing Officer or Director Date