

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90068 008 \*\*\*\*61.25

**DOCUMENT # N50435**

1. Corporation Name

**FIRST APOSTOLIC CHURCH OF ST. AUGUSTINE, INC.**

Principal Place of Business

P.O. BOX 148  
96 MASTERS DRIVE  
ST. AUGUSTINE FL 32085

Mailing Address

P.O. BOX 148  
96 MASTERS DRIVE  
ST. AUGUSTINE FL 32085

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/14/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3221929**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERLIN, G. RICHARD**  
**6044 SE AGNEW ROAD**  
**P.O. 3370**  
**BELLEVIEW FL 34421-3370**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BRYAN, ROBERT**

STREET ADDRESS **195 WHITE CASTLE RD.**

CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **SD** ☐ DELETE

NAME **DIMSDALE, LYNETTE**

STREET ADDRESS **4275 OAK LANE**

CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PD** ☐ DELETE

NAME **LISTER, J. ALTON**

STREET ADDRESS **501 MOULTRIE WELLS ROAD**

CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Alton Lister**

**4-30-99**

**904-824-1079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0001601