FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 04, 2001 8:00 am Secretary of State DOCUMENT # N50435 06-04-2001 90013 013 \*\*\*\*61.25 FIRST APOSTOLIC CHURCH OF ST. AUGUSTINE, INC. Principal Place of Business Mailing Address TUUDBUUT P.O. BOX 148 P.O. BOX 148 96 MASTERS DRIVE 96 MASTERS DRIVE ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3221929 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHAMBERLIN, G. RICHARD 6044 SE AGNEW ROAD P.O. 3370 **BELLEVIEW FL 34421-3370** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE 9. Election Campaigr Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. XX Delete Addition TITLE TITLE BRYAN, ROBERT NAME NAME 195 WHITE CASTLE RD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP \_\_\_ Change Addition TITLE ☐ Delete TITLE DIMSDALE, LYNETTE NAME NAME 4275 OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Delete Change ☐ Addition LISTER, J. ALTON NAME NAME **501 MOULTRIE WELLS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 TITLE ☐ Delete TITLE ☐ Change ■ Addition LAWLOR, HAROLD NAME NAME 1334 TRUMAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT AUGUSTINE FL 32095 ☐ Delete TITLE TITLE Change ☐ Addition Walthour, Robert Sr. NAME NAME STREET ADDRESS 1125 E. 19th Street STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Jacksonville, FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 may 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

904-824-1079