

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90007 047 ****61.25

DOCUMENT # N50435

1. Entity Name

FIRST APOSTOLIC CHURCH OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3221929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
SD
DIMSDALE, LYNETTE
 STREET ADDRESS
4275 OAK LANE
 CITY-ST-ZIP
ST. AUGUSTINE FL 32086

TITLE NAME ☐ Change ☒ Addition
D
ROBERT WALTHOUR, SR.
 STREET ADDRESS
1125 E. 19th STREET
 CITY-ST-ZIP
JACKSONVILLE, FL 32206

TITLE NAME ☐ Delete
PD
LISTER, J. ALTON
 STREET ADDRESS
501 MOULTRIE WELLS ROAD
 CITY-ST-ZIP
ST. AUGUSTINE FL 32086

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
D
LAWLOR, HAROLD
 STREET ADDRESS
1334 TRUMAN DR
 CITY-ST-ZIP
SAINT AUGUSTINE FL 32095

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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)(i), 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: J. ALTON LISTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2002

904-824-1019

Date

Daytime Phone #

CR2E037 (9/01)