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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000372 (1)

1. Corporation Name

ST. JOHNS COUNTY PASSION PLAY, INC.



Principal Place of Business

Mailing Address

1340 HIGHWAY A1A SOUTH
ST. AUGUSTINE FL 32084

266 WISTERIA ROAD
ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

59-3380499

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECK, GARRETT E
266 WISTERIA ROAD
ST. AUGUSTINE FL 32086

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 PD
NAME SCHRACHTA, THOMAS J
STREET ADDRESS 18 NELMAR AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☒ DELETE

1.1 TITLE PD
1.2 NAME Pamela A. Falcone
1.3 STREET ADDRESS 504 Fourth St.
1.4 CITY-ST-ZIP St. Augustine, Fla. 32095 ☐ Change ☒ Addition

TITLE TD
NAME PECK, GARRETT E
STREET ADDRESS 266 WISTERIA ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

2.1 TITLE S
2.2 NAME Darlene Jacobs
2.3 STREET ADDRESS 223 Marshside Drive
2.4 CITY-ST-ZIP St. Augustine, Fla. 32084 ☐ Change ☒ Addition

TITLE D
NAME ALTENBACH, GEORGE A
STREET ADDRESS 61 COQUINA AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME EUBANKS, GERALD
STREET ADDRESS 785 VISCAYA BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Pamela A. Falcone - Pres. 1/22/98 824-7244 (904)

CR2E037 (1097)