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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000372

1. Corporation Name

ST. JOHNS COUNTY PASSION PLAY, INC.

Principal Place of Business

1340 HIGHWAY A1A SOUTH
ST. AUGUSTINE FL 32084

Mailing Address

266 WISTERIA ROAD
ST. AUGUSTINE FL 32086



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3380499	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONE, PAMELA A	1.2 NAME	
STREET ADDRESS	504 FOURTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, GARRETT E	2.2 NAME	D PECK, GARRETTE
STREET ADDRESS	266 WISTERIA ROAD	2.3 STREET ADDRESS	266 WISTERIA ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTENBACH, GEORGE A	3.2 NAME	ALTENBACH, GEORGE A
STREET ADDRESS	51 COQUINA AVENUE	3.3 STREET ADDRESS	51 COQUINA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUBANKS, GERALD	4.2 NAME	SELBE, ALLEN F
STREET ADDRESS	785 VISCAYA BLVD.	4.3 STREET ADDRESS	5808 FERRY ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	ELKTON FL 32033
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DARLENE	5.2 NAME	
STREET ADDRESS	223 MARSHSIDE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Garrett E. Peck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

904-797-5675

Date

Daytime Phone #

CR2E037-11/981