

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N960000000005 (6)

1. Corporation Name

DEACONS' MINISTRY ALLIANCE OF ST. JOHNS COUNTY, INC.



Principal Place of Business

**116 JULIA ST
ST AUGUSTINE FL 32095**

Mailing Address

**116 JULIA ST
ST AUGUSTINE FL 32095**

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3362453

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

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

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, GARY
81 KEITH ST
ST AUGUSTINE FL 32084**

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 **DP** ☐ DELETE
NAME **STRICKLAND, HENRY**
STREET ADDRESS **116 JULIA ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **DAILEY, ANTHONY**
STREET ADDRESS **55 N WHITNEY ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **FISHER, RAYMOND**
STREET ADDRESS **33 KNOWLTON ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

TITLE **DAT** ☐ DELETE
NAME **NELSON, DAVID**
STREET ADDRESS **1008 COLLIER BLVD**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

TITLE **DS** ☐ DELETE
NAME **ROBINSON, GARY**
STREET ADDRESS **81 KEITH ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Henry Strickland

March 14, 1996

904/824-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Strickland

Date

Daytime Phone #

CR2E037 (12/95)