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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000005 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

116 JULIA ST
ST AUGUSTINE FL 32095

116 JULIA ST
ST AUGUSTINE FL 32095

2. Principal Place of Business

2a. Mailing Address

21 Churches of the City
Suite, Apt. #, etc.

26 81 Keith St.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Augustine, Fla.

28

24 Zip 32084

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROBINSON, GARY
81 KEITH ST
ST AUGUSTINE FL

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-3362453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

Gary Robinson

82 Street Address (P.O. Box Number is Not Acceptable)

81 Keith Street

83

84 City

St. Augustine

FL

85 Zip Code

32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Gary Robinson

(NOTE: Registered Agent signature required when reinstating)

2/24/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, HENRY	
STREET ADDRESS	116 JULIA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAILEY, ANTHONY	
STREET ADDRESS	55 N WHITNEY ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	FISHER, RAYMOND	
STREET ADDRESS	33 KNOWLTON ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE	DAT	<input type="checkbox"/> DELETE
NAME	NELSON, DAVID	
STREET ADDRESS	1008 COLLIER BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBINSON, GARY	
STREET ADDRESS	81 KEITH ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony Dailey	
1.3 STREET ADDRESS	55 N. Whitney Street	
1.4 CITY-ST-ZIP	St. Augustine, Florida 32095	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Whitfield	
2.3 STREET ADDRESS	68 N. Whitney Street	
2.4 CITY-ST-ZIP	St. Augustine, Florida 32095	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Gary Robinson

2/24/98

904-829-8286

CR2E037 (10/97)

DEACON'S MINISTRY ALLIANCE, INC.
SCHEDULE OF MEETINGS

NORTH CITY BAPTIST CHURCH	15 1/2 BERNARD STREET	OCT. 18, 1997	6:00 PM
BETHEL BAPTIST CHURCH	222 RIBERIA STREET	NOV. 15, 1997	6:00 PM
FIRST BAPTIST CHURCH	81 FRANCIS STREET	DEC. 20, 1997	6:00 PM
ST. MARY'S BAPTIST CHURCH	69 WASHINGTON STREET	JAN. 17, 1998	6:00 PM
MT. PLEASANT BAPTIST CHURCH	PICOLATA	FEB. 21, 1998	6:00 PM
NEW MT. MORIAH BAPTIST CHURCH	CHRISTOPHER STREET	MARCH 21, 1998	6:00 PM
TABERNACLE BAPTIST CHURCH	280 DUVAL STREET	APRIL 18, 1998	6:00 PM
ANTIOCH BAPTIST CHURCH	481 PEARL STREET	MAY 16, 1998	6:00 PM
NORTH CITY BAPTIST CHURCH	15 1/2 BERNARD STREET	JUNE 20, 1998	6:00 PM
BETHEL BAPTIST CHURCH	222 RIBERIA STREET	JULY 18, 1998	6:00 PM
FIRST BAPTIST CHURCH	81 FRANCIS STREET	AUG. 21, 1998	6:00 PM
ST. MARY'S BAPTIST CHURCH	69 WASHINGTON STREET	SEPT. 19, 1998	6:00 PM

MEMBERS OF THE EXECUTIVE BOARD

PRESIDENT	DEACON ANTHONY DAILEY	829-2756
VICE-PRESIDENT	DEACON ROBERT WHITFIELD	825-0265
TREASURER	DEACON RAYMOND FISHER	824-3971
ASSISTANT TREASURER	DEACON DAVID NELSON	829-6262
ASSISTANT TREASURER	DEACON GARY ROBINSON	829-8286

SICK COMMITTEE

DEACON WILLIE GREEN	824-8094
DEACON GEORGE BOROM	824-5901