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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002799

1. Corporation Name
ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC.

* 600998 - 90014 - 21 *

Principal Place of Business	Mailing Address
POST OFFICE BOX 860014 ST. AUGUSTINE FL 32086	POST OFFICE BOX 860014 ST. AUGUSTINE FL 32086

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Apt. 27 208 S. Woodlawn	26 St. Augustine, Fl 32095	05/20/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 31-1607979 ☐ Applied For ☐ Not Applicable
23 City & State St. Augustine, Fla.	28 City & State St. Augustine, Fla	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 32095 25 Country	29 Zip 32095 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TURNER, LOIS REV 1065 KINGS ESTATE ROAD ST. AUGUSTINE FL 32086	81 Name Sharon Dixon 82 Street Address (P.O. Box number is Not Acceptable) 69 Anderson ST 83 84 City St. Augustine FL 85 Zip Code 32095

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 Sharon Dixon 7/20/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C TURNER, LOIS 1065 KINGS ESTATE RD ST AUGUSTINE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T Daniel L. Dixon 69 Anderson St St. Augustine, Fla.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANEPA, PAUL C 6900 US 1 SOUTH ST AUGUSTINE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON JR, LAVOY G 885 S WHITNEY ST ST AUGUSTINE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLIER, AUDREY 420 CAMELIA TRAIL ST AUGUSTINE FL	☐ 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

CR2E037 (5/99)

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: Daniel L. Dixon Daniel L. Dixon 7/20/99 904-824-5011 or 827-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #