

DOCUMENT # N96000002799

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

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90084 003 \*\*\*\*61.25

Principal Place of Business  
200 S WOODLAWN  
APT 27  
SAINT AUGUSTINE FL 32095

Mailing Address  
200 S WOODLAWN  
APT 27  
SAINT AUGUSTINE FL 32095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 31-1607979  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DIXON, DANIEL L  
69 ANDERSON ST  
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
C TURNER, LOIS 1065 KINGS ESTATE RD ST AUGUSTINE FL  
D CANEPA, PAUL C 6900 US 1 SOUTH ST AUGUSTINE FL  
D NEWTON JR, LAVOY G 865 S WHITNEY ST ST AUGUSTINE FL  
D HELIER, AUDREY 420 CAMELIA TRAIL ST AUGUSTINE FL  
T DIXON, DANIEL L 69 ANDERSON ST ST AUGUSTINE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: Dan Dixon 1/3/2001 824-5011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)