

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002799

1. Entity Name

ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC. ✓

Principal Place of Business

200 S. WOODLAWN...
APT 27
SAINT-AUGUSTINE FL 32095

Mailing Address

200 S. WOODLAWN...
APT 27
SAINT AUGUSTINE FL 32095

865 S. Whitney St
St. Augustine, FL
32084

2. Principal Place of Business

865 S. Whitney St.
Suite, Apt. #, etc.

3. Mailing Address

865 S. Whitney St.
Suite, Apt. #, etc.

City & State

St. Augustine, FL
Zip 32084 Country USA

City & State

St. Augustine, FL
Zip 32084 Country USA

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 NEWTON JR, LAVOY G.

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

865 S. WHITNEY ST.

City ST. AUGUSTINE

FL

Zip Code 32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PASTOR LAVOY G. NEWTON, JR. Pastor Lavoyn Newton 8/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

61.25

10. OFFICERS AND DIRECTORS

TITLE NAME TURNER, LOIS
STREET ADDRESS 1065 KINGS ESTATE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE NAME CANEPA, PAUL C President
STREET ADDRESS 6900 US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL

TITLE NAME NEWTON JR, LAVOY G Vice Pres.
STREET ADDRESS 865 S WHITNEY ST
CITY-ST-ZIP ST AUGUSTINE FL

TITLE NAME HELLIER, AUDREY
STREET ADDRESS 420 CAMELIA TRAIL
CITY-ST-ZIP ST AUGUSTINE FL

TITLE NAME DIXON, DANIEL L
STREET ADDRESS 69 ANDERSON ST
CITY-ST-ZIP ST AUGUSTINE FL

TITLE NAME Secretary Kami Roeder
STREET ADDRESS 123 Unicorn Rd.
CITY-ST-ZIP St. Augustine, FL 32086

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Rick Aepli
STREET ADDRESS 180 Marsh Is Circle
CITY-ST-ZIP St. Augustine, FL 32095

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

PAUL C. CANEPA 8/16/02 904-471-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)

Date

Daytime Phone #