2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 26, 2004 8:00 am Secretary of State 08-26-2004 90003 048 ****61.25

ANNUAL REPURI						Secretary of State			
DOCUMENT # N96000002799 1. Entity Name ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC.							08-26-2004 90	•	
Principal Place of Business Mailing Address 1075 KINGS ESTATE RD. 865 S WHITNEY ST SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32				2084				540700	003
2. Principal Place of Business 1425 Hrigh land BIVd 10.75 Kings					Stake Rd.				
Suite, Apt. #, etc. Suite, Apt. #, etc. St. August				e FL		<u> </u>	hg-NP CI	R2E037 (10/03)	
	eustine, Fi		& State	·		4. FEI Number 31-160797	79		plied For t Applicable
3208	Country US 5+ Johns (Co.) 6. Name and Address of Current Re		.086	Country ≶ <i>H-Joh</i>	US #5(Co)	5. Certificate of S	tatus Desired [Fee Require	
SAINT AUGUSTINE, FL 32084 S. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Pastern Basic June SIGNATURE							Not Acceptable) State Red	FL Zip Code 2 20 1 am familiar with,	84
Filling Fee is \$61.25 Pue by September 8, 2004 Signature, typed or printed reams of registered agent and title If applicable. (NOTE: R				aign Financ		\$5.00 May Be Added to Fees		chack payable to Department of SI	
10.	OFFICERS AND DIREC	CTORS		11,	····	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, LOIS 1065 KINGS ESTATE RD ST AUGUSTINE, FL		□ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	RESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, JAMES 580 LIVE OAK ST. SAINT AUGUSTINE, FL 32095		□ Delcte	TITLE NAME STREET ADOR CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEWTON, LAVOY G JR 865 S WHITNEY ST ST AUGUSTINE, FL		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, LOIS- RICK Acpp 180 MARSH IS CIRCLE SAINT AUGUSTINE, FL 32095	lic	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	iess <1	K Aeppli Marsh Is- Augustine,		☐ Change	Addition
TITLE NAME	DS ROEDER, KAMI		Delete	TITLE NAME				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this fifing 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

123 UNICORN RD

JANZ, LAURIE

SAINT AUGUSTINE, FL 32086

SAINT AUGUSTINE, FL 32086

1061 WINTERHAWK DR.

8/25/04 (904) 797-6996

☐ Change

☐ Addition

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