2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State
09-02-2005 90015 029 ****61.25

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

000694722

Principal Place of Business	Mailing Address
1425 HIGHLAND BLVD SAINT AUGUSTINE, FL 32084	1075 KINGS ESTATE RD. SAINT AUGUSTINE, FL 32086

05312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
50 S. Dixie Hwy	50 S. Dixie Hwy
Suite, Apt. #, etc.: Suite #5	Suite, Apt. #, etc.: Suite #5
City & State: St. Augustine, Florida	City & State: St. Augustine, Florida
Zip: 32084 Country: USA Co - St Johns	Zip: 32084 Country: USA Co - St. Johns

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

TURNER, LOIS PST
1075 KINGS ESTATE RD
SAINT AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name: Pastor LaVoy Newton
Street Address (P.O. Box Number is Not Acceptable): 1230 Kings Estate Rd.
City: St. Augustine FL Zip Code: 32086

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: Rev LaVoy G Newton 8/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, LOIS 1065 KINGS ESTATE RD ST AUGUSTINE, FL	☐ Delete	TITLE → NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, JAMES 580 LIVE OAK ST. SAINT AUGUSTINE, FL 32095	☐ Delete	TITLE → NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NEWTON, LAVOY G JR ~~866 S WHITNEY ST~~ ~~ST AUGUSTINE, FL~~	☐ Delete	TITLE → NAME STREET ADDRESS → CITY-ST-ZIP	DP Newton, LaVoy G JR 1230 Kings Estate Rd St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AEPPLI, RICH 180 MARSH IS CIRCLE SAINT AUGUSTINE, FL 32095	☐ Delete	TITLE → NAME STREET ADDRESS CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROEDER, KAMI 123 UNICORN RD SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sellers, Jamie 208 Argonaut Rd. St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANZ, LAURIE 1061 WINTERHAWK DR. SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrews, Carolyn 132 Hurst St. St. Augustine, FL 32084	☐ 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 like empowered.

SIGNATURE: Rev LaVoy G. Newton 8/30/05 (904) 797-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #