

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90227 036 \*\*\*\*61.25

**DOCUMENT # N96000002799**

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



Principal Place of Business

~~865 S WHITNEY ST  
SAINT AUGUSTINE FL 32084~~

**1075 Kings Estate Rd.  
St. Augustine, FL 32086**

Mailing Address

**865 S WHITNEY ST  
SAINT AUGUSTINE FL 32084**

2. Principal Place of Business

**1075 Kings Estate Rd.**

3. Mailing Address

Suite, Apt. #, etc.

**St. Augustine, FL**

Suite, Apt. #, etc.

City & State

**32086**

City & State

Zip

Country

**USA**

Zip

Country

4. FEI Number **31-1607979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWTON, LAVOY G JR  
865 S WHITNEY ST  
SAINT AUGUSTINE FL 32084**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME	<b>T TURNER, LOIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1065 KINGS ESTATE RD</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE NAME	<b>DP CANEPA, PAUL C</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6900 US 1 SOUTH</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE NAME	<b>DVP NEWTON JR, LAVOY G</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>865 S WHITNEY ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE NAME	<b>T AEPPLI, RICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>180 MARSH IS CIRCLE</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	
TITLE NAME	<b>DS ROEDER, KAMI</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>123 UNICORN RD</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>Lee, James D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>580 LIVE OAK ST</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32095</b>	
TITLE NAME	<b>Janz, Laurie</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1061 Winterhawk Dr.</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32086</b>	
TITLE NAME	<b>DP Newton JR, LAVOY G</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Turner, Lois DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **LAVOY G NEWTON JR**

**4/7/03 (904) 829-5127**

CR2E037 (10/02)