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Secretary of State
03-02-1999 90033 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

373911 - 90065 - 36

DOCUMENT # N98000000677

Corporation Name
IMMANUEL BAPTIST CHURCH OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
5196 AVE. B. ST. AUGUSTINE FL 32095	5196 AVE. B. ST. AUGUSTINE FL 32095

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/05/1998

4. FEI Number
59-3200396
Applied For -
Not Applicable

5. Certificate of Status Desired ☐
$8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

MCLEOD, ROBERT L II
43 CINCINNATI AVE.
ST. AUGUSTINE FL 32084 (same)

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALCOM, TONYA C		1.2 NAME		
STREET ADDRESS	5040 AVE. B.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, ANDREW		2.2 NAME		
STREET ADDRESS	115 RONALD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, MARY W		3.2 NAME		
STREET ADDRESS	7297 DOE RUN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, ARLEEN		4.2 NAME		
STREET ADDRESS	115 RONALD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, DOROTHY		5.2 NAME		
STREET ADDRESS	312 LAKESHORE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CK#866
1-25-99
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CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-24-99 904-826-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #