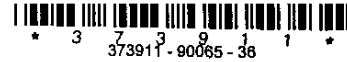


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90033 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000677 Corporation Name IMMANUEL BAPTIST CHURCH OF ST. AUGUSTINE, INC.			
Principal Place of Business 5196 AVE. B. ST. AUGUSTINE FL 32095		Mailing Address 5196 AVE. B. ST. AUGUSTINE FL 32095	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3200396	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCLEOD, ROBERT L II 43 CINCINNATI AVE. ST. AUGUSTINE FL 32084 <i>(Same)</i>		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 date if applicable. (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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	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	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		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
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99 904-826-3787

Date

Daytime Phone #

CR2E037 (11/98)