

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000000677**

1. Entity Name

IMMANUEL BAPTIST CHURCH OF ST. AUGUSTINE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90051 007 ****61.25

Principal Place of Business

Mailing Address

5196 AVE. B.
 ST. AUGUSTINE FL 32095

5196 AVE. B.
 ST. AUGUSTINE FL 32095-6217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3200396**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ (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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BALCOM, TONYA C	
STREET ADDRESS	5040 AVE B	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, ANDREW	
STREET ADDRESS	115 RONALD RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTIN, MARY W	
STREET ADDRESS	7297 DOE RUN RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, ARLEEN	
STREET ADDRESS	115 RONALD RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, DOROTHY	
STREET ADDRESS	312 LAKESHORE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ANDREW	
STREET ADDRESS	115 RONALD RD #6	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, DOROTHY	
STREET ADDRESS	312 LAKESHORE DR	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARY W	
STREET ADDRESS	7297 DOE RUN RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ARLEEN	
STREET ADDRESS	115 RONALD RD \$6	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: MARY W MARTIN 2/2/00 904-824-0621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)