

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90059 045 ****70.00

DOCUMENT # N98000000677

1. Entity 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

3. Mailing Address

2201 S.R. 16 LOT D
Suite, Apt. #, etc.

2201 S.R. 16 LOT D
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ST. AUGUSTINE FL

ST. AUGUSTINE FL

4. FEI Number

59-3200396

Applied For

Not Applicable

Zip

Country

Zip

Country

32084

ST. JONAS

32084

ST. JONAS

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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 GARY H. HOWELL SR

Street Address (P.O. Box Number is Not Acceptable)

2201 S.R. 16 LOT D

City ST. AUGUSTINE

FL

Zip Code 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

01-28-02
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 VD ☐ Delete
NAME HENRY, DOROTHY
STREET ADDRESS 15 B FOUNTAIN OF YOUTH BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE PD ☐ Change ☒ Addition
NAME GARY HOWELL, SR
STREET ADDRESS 2201 SR 16 LOT D
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE STD ☒ Delete
NAME MARTIN, MARY W
STREET ADDRESS 7297 DOE RUN RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE SD ☒ Change ☐ Addition
NAME MARY W. MARTIN
STREET ADDRESS 7297 DOE RUN RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☒ Delete
NAME KEMP, ALISHA
STREET ADDRESS 3623 DT PEYTON CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE TD ☐ Change ☒ Addition
NAME CHERYL HOWELL
STREET ADDRESS 2201 SR 16 LOT D
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME HENRY, CHARLES REV.
STREET ADDRESS 15 B FOUNTAIN OF YOUTH BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME DEROSSETT, LINDA
STREET ADDRESS 229 ESTRADA
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)