

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90203 041 ****70.00

DOCUMENT # N98000000677

1. Entity Name
IMMANUEL BAPTIST CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business

**2201 S R 16 LOT D
SAINT AUGUSTINE FL 32084
US**

Mailing Address

**2201 S R 16 LOT D
SAINT AUGUSTINE FL 32084
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3200396

Applied For

Not Applicable

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

**HOWELL, GARY H SR
2201 S R 16 LOT D
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENRY, DOROTHY	
STREET ADDRESS	15 B FOUNTAIN OF YOUTH BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MARY W	
STREET ADDRESS	7297 DOE RUN RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWELL, GARY SR	
STREET ADDRESS	2201 S R 16 LOT D	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES REV.	
STREET ADDRESS	15 B FOUNTAIN OF YOUTH BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWELL, CHERYL	
STREET ADDRESS	2201 S R 16 LOT D	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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:

[Signature]

2-10-03

Date

Daytime Phone #

CR2E037 (10/02)