

FILE NOW: FILING FEE IS \$61.25 **AMENDED**

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

701354

99 OCT 28 PM 4:22

FIRST BAPTIST CHURCH PINELLAS PARK

Principal Place of Business

Mailing Address

5495 PARK BOULEVARD - PINELLAS PARK FL
33781-1234

100003035421--0
-11/04/99--01081--002
*****61.25 *****61.25

2. Principal Place of Business 21. FIRST BAPTIST CHURCH	2a. Mailing Address 26. 5495 PARK BOULEVARD	3. Date Incorporated or Qualified February 19, 1955
Suite, Apt. #, etc. 22. 5495 PARK BOULEVARD	Suite, Apt. #, etc. 27.	4. FEI Number 59-6033537
City & State 23. PINELLAS PARK FL	City & State 28.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24. 33781	Country 25. PINELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29.	30.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Rick L. Davis (T)
82. Street Address (P.O. Box Number is Not Acceptable) 8069 81st Way N.
83.
84. City Seminole FL
85. Zip Code 33777

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: Rick L. Davis DATE: 9-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME Jack Loursey	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7281 56th Ave N		1.2 NAME Rick Davis	
CITY-STATE-ZIP St. Petersburg, FL 33709		1.3 STREET ADDRESS 8069 81st Way N	
TITLE		1.4 CITY-STATE-ZIP Seminole, FL 33777	
NAME John Shea	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5374 90th Ave N		2.2 NAME Tommie Capers	
CITY-STATE-ZIP Pinellas Park, FL 33782		2.3 STREET ADDRESS 7725 70th Ave N	
TITLE		2.4 CITY-STATE-ZIP Pinellas Park, FL 33781	
NAME Paul Pebbles	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3984 105th Ave N		3.2 NAME William Robinson	
CITY-STATE-ZIP Clearwater, FL 33762		3.3 STREET ADDRESS 11235 Elmhurst Dr.	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP Pinellas Park, FL 33782	
NAME		4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME Terri Shea	
CITY-STATE-ZIP		4.3 STREET ADDRESS 5374 90th Ave N	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP Pinellas Park, FL 33782	
NAME		5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME Gene Blizzard	
CITY-STATE-ZIP		5.3 STREET ADDRESS 7736 Fareham Ct. N	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP St. Petersburg, FL 33709	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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: Rick L. Davis Chairman (T) DATE: 10-12-99 727 544-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR at Trustees Daytime Phone #

CR2E037 (11/98)