


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90055 033 \*\*\*\*61.25

<b>DOCUMENT # 701354</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF PINELLAS PARK.</b>					
Principal Place of Business <b>5495 PARK BOULEVARD          PINELLAS PARK, FL 34665</b>			Mailing Address <b>5495 PARK BOULEVARD          PINELLAS PARK, FL 34665</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DENNIS, COPENHAVER</b> <b>10030 61 WAY NORTH</b> <b>PINELLAS PARK, FL 33782</b>				Name <b>Don - Cunningham</b> Street Address (P.O. Box Number is Not Acceptable) <b>8248 56<sup>th</sup> Way N</b> City <b>Pinellas Park</b> <b>FL</b> Zip Code <b>33782</b>	
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 <u><i>Don Cunningham</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME <b>RANDY, RAYBURN</b> STREET ADDRESS <b>8210 56 ST N</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>	<input checked="" type="checkbox"/> Delete	TITLE T	NAME <b>Rayburn, Randy</b> STREET ADDRESS <b>8210 56 St N</b> CITY-ST-ZIP <b>Pinellas Park, FL 33781</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME <b>CRAMER, BILL</b> STREET ADDRESS <b>4710 48TH ST. N.</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33714</b>	<input checked="" type="checkbox"/> Delete	TITLE T	NAME <b>Arthur, Charles</b> STREET ADDRESS <b>3311 10<sup>th</sup> Ave N</b> CITY-ST-ZIP <b>St. Petersburg FL 33713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME <b>COPENHAVER, DENNIS</b> STREET ADDRESS <b>10030 61ST WAY N</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Delete	TITLE T	NAME <b>Shea, John</b> STREET ADDRESS <b>5374 90<sup>th</sup> Ave N</b> CITY-ST-ZIP <b>Pinellas Park FL 33782</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME <b>CUNNINGHAM, DON</b> STREET ADDRESS <b>8280 56 WAY N</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33782</b>	<input type="checkbox"/> Delete	TITLE D	NAME <b>Cunningham, Don</b> STREET ADDRESS <b>8248 56<sup>th</sup> Way N</b> CITY-ST-ZIP <b>Pinellas Park FL 33782</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME <b>MYERS, JOHN</b> STREET ADDRESS <b>5830 86TH AVE. N.</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Delete	TITLE T	NAME <b>Poirier, Kenneth</b> STREET ADDRESS <b>8500 54<sup>th</sup> Way N</b> CITY-ST-ZIP <b>Pinellas Park FL 33781</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Don Cunningham</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Don Cunningham</b>		Date <b>01-08-04</b> Daytime Phone # <b>727-546-5748</b>	