


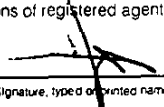

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 017 ****61.25

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DOCUMENT # 701354					
1. Entity Name FIRST BAPTIST CHURCH OF PINELLAS PARK.					
Principal Place of Business 5495 PARK BOULEVARD PINELLAS PARK, FL 33781		Mailing Address 5495 PARK BOULEVARD PINELLAS PARK, FL 33781			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 59-6033537				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STROUSE, JAY 8798 56TH WAY N PINELLAS PARK, FL 33782			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 		JAY STROUSE		7/13/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA FARE, MICHAEL		NAME	JOHN WILSON	
STREET ADDRESS	511 82ND AVE N		STREET ADDRESS	7501-ULMERTON RD-APT 411	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, JEFFREY		NAME	NICK RINALDI	
STREET ADDRESS	5560 76TH AVE N.		STREET ADDRESS	2841-39TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROUSE, JAY		NAME	KEN GREBE	
STREET ADDRESS	8798 56TH WAY N.		STREET ADDRESS	8208 G STREET	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MURRAY		NAME		
STREET ADDRESS	9047 SUNRISE DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, DON		NAME		
STREET ADDRESS	8848 56TH WAY N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		JAY STROUSE		7/13/08 727-546-5748	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	