## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

703613

(0)

PARK STREET BAPTIST CHURCH OF ST. PETERSBURG, IN C., ST. PETERSBURG, FLORIDA

Principal Place of Business

Mailing Address



3901 PARK ST ST PETERSBU		3901 PARK STREET NORTH ST PETERSBURG FL 33709					
					3. Eate Incorporated or Qualified 02/22/1974	3a. Date of Last Report 03/22/1995	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-1466553	Applied For	
21		26	<u> </u>			Not Applicable	
Suite, Apt. #	k, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		
24	25 29 30		30		Florida Statutes Yes 🔀 No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			6	'  Name (	Dennis W. Jennings	زذ	
JENNING		82 Street Addr		Dennis W. Jennings  Horess (P.C. Box Number is Not Acceptable)  984 47th Aug. W.			
	H AVE. N.		8		3484 4711 RUP. 10.		
51 PETERSBURG PL 55/09							
			1 '	4 City	St. Petersburg	FL 85 Zip Code 333709	
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 _	Signature, typed or printed name of registered agent	and title if annicable. INOT	E: Registered A	gent signature re	equired when reinstating)	DATE	
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TOTA		Trustec	☐ Change ☐ Addition	
NAME	JENNINGS, DENNIS W.		1.2 NAM	IE	Phil burandt 6231 alth Ave N.		
STREET ADDRESS	5984 47TH AVE N.		1.3 STR	EET ADDRESS	Gast School IV.	32710	
CITY-ST-ZIP	ST PETERSBURG, FL 00000			'-ST-ZIP	St. Petersburg, IL	_ Johns Stadding	
TITLE	0	<b>∑</b> DELETE	2.1 TITL		Truste	☐ Change 🔀 Addition	
NAME	THOMPSON, TOM623		2.2 NAM		charlie Jewett 1835 315 Ave N.		
STREET ADDRESS	8933 93RD STREET N			EET ADDRESS	St. Petrsburg, FL	33713	
CITY-ST-ZIP	SEMINOLE FL	TOP PTC		Y-ST-ZIP		Change X Addition	
TITLE	ALIEN AVEOU	DELETE	3.1 TITL		Truste		
NAMÉ	ALLEN, LAYTON		3.2 NAN		Paul Latragna 910 Pelsan Dr. S.		
STREET ADDRESS	5158 6TH AVE N ST. PETERSBURG FL		1	EET ADDRESS	St. Petersburg	FL 33701	
CITY-ST-ZIP	SI. PETENSOUNG TE	DELETE	4.1 TIT1	Y-\$T-ZIP F	Trustec	TL 3370) Change (MAddition	
TITLE	SANGSTER, DONAL	Aprilia	4. 2 NA		Dick Dorey	_ , ,,,	
NAME Profest appearance	7221 FIRST AVE N	_		EET ADDRESS	DICK DOTE THE S		
STREET ADDRESS	ST. PETERSBURG FL			-ST-ZIP	3400 DIST Ave. S St. Peterspura	, FL 337H	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 Titl		3, 1, 10, 3, 3, 5, 1, 1	Change Addition	
NAME	CHAPMAN, IAN	<b>,</b>	5 2 NA	AE.			
STREET ADDRESS	5410 8TH AVENUE SOUTH	_		EET ADDRESS			
CITY-ST-ZIP	GULFPORT FL			Y-S1-ZIP	]		
TITLE	70	DELETE	6.1 7171			Change Addition	
NAME	JOSEPH BAILEY	•	6.2 NA	ME			
STREET ADDRESS	6212 5TH AVE. S.		6.3 STA	EET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CIT	Y - ST - ZIP			
	L	table at the CC and the continuationally of com-	iobad and a	loop not out	alify for the examption stated in Section 119	0.07(3)(k) Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE: \_\_ SIGNATURE PRINTER NAME OF SIGNING OFFICER OR DIRECTOR 4-10-96 813-345-1800

CR2E037 (12/95)