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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703613 (0)

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



Principal Place of Business 3901 PARK STREET NORTH ST PETERSBURG FL 33709	Mailing Address 3901 PARK STREET NORTH ST PETERSBURG FL 33709-4031
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3. Date Incorporated or Qualified 02/22/1974	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 59-1466553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JENNINGS, DENNIS W.
5984 47TH AVENUE ORTH
ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 *Amy Johns* **4/8/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	JENNINGS, DENNIS W.	
STREET ADDRESS	5984 47TH AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	T	<input checked="" type="checkbox"/>
NAME	QUANDT, PHIL	
STREET ADDRESS	6231 24TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LATRAGNA, PAUL	
STREET ADDRESS	910 PELICAN DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/>
NAME	DOREY, DICK	
STREET ADDRESS	3600 21ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Tom Brozell	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	10400 US 19 N		Trustee
1.3 STREET ADDRESS	Lot # 820		
1.4 CITY-ST-ZIP	St Petersburg FL 33711		
2.1 TITLE	Charlie Jewett	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	1835 31st Ave N		Trustee
2.3 STREET ADDRESS	St Petersburg FL 33715		
2.4 CITY-ST-ZIP			
3.1 TITLE	Andy Verrett	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	9249 84th St N		Trustee
3.3 STREET ADDRESS	Langlo FL 33707		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *Amy Johns* **4/8/97**

CR2E037 (9/96)