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

NONPROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME

title Name

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

703613

(0)

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

Principal Place of Business Mailing Address 3901 PARK STREET NORTH 3901 PARK STREET NORTH 3. Date Incorporated or Qualified ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 02/22/1974 4. FEI Number Applied For 59-1406553-1414137 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JENNINGS, DENNIS W. 82 Street Address (P.O. Box Number is Not Acceptable) 5984 47TH AVENEU ORTH 83 ST PETERSBURG FL 33709 84 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ODOCIO25.53650---022 JENNINGS, DENNIS W. 12 NAME NAME 5984 47TH AVE N. STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*\*51.25 \*\*\*\*\*61.25 **\$T PETERSBURG, FL 00000** CITY-ST-ZIP 1.4 C(TY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 4 **B**ROZELL, TOM 2.2 NAME 12400 US 19 N, LOT #820 2.3 STREET ADDRESS STREET ADDRESS **ST. PETERSBURG FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JEWETT, CHARLIE 3.2 NAME NAME 1835 31ST AVE N STREET ADDRESS 3.3 STREET ADDRESS **ST. PETERSBURG FL** 3.4. CITY-ST-ZIP CITY-ST-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 he 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 cally, 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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