


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703613

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1414137	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JENNINGS, DENNIS W. 5984 47TH AVENUE ORTH ST PETERSBURG FL 33709			81 Name Jennings, Dennis W. 82 Street Address (P.O. Box Number is Not Acceptable) 6996 14th Ave. N. 83 St. Petersburg, FL 84 City FL 85 Zip Code 33710		

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, DENNIS W.		1.2 NAME	Dennis W. Jennings	
STREET ADDRESS	5984 47TH AVE N.		1.3 STREET ADDRESS	6996 14th Ave. N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Mc Clintock, Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROZELL, TOM		2.2 NAME	475 41st Ave N	
STREET ADDRESS	12400 US 19 N, LOT #820		2.3 STREET ADDRESS	St. Petersburg, FL 33703	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWETT, CHARLIE		3.2 NAME		
STREET ADDRESS	1835 31ST AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	Dorey, Dick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOREY, DICK		4.2 NAME	4325 94th Ave N.	
STREET ADDRESS	3600 21ST AVENUE SOUTH		4.3 STREET ADDRESS	Pinellas Park, FL 33782	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERRETT, ANDY		5.2 NAME		
STREET ADDRESS	9249 84TH ST N		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE: *(Signature)* **SIGNATURE REQUIRED (JENNINGS)** 2-24-1999 (727) 345-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)