

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 703613**

1. Entity Name  
**PARK STREET BAPTIST CHURCH OF ST. PETERSBURG,  
INC., ST. PETERSBURG, FLORIDA**



**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**3901 PARK STREET NORTH  
ST PETERSBURG, FL 33709**

Mailing Address  
**3901 PARK STREET NORTH  
ST PETERSBURG, FL 33709**



01192004 No Chg-NP CR2E037 (1Q/03)

4. FEI Number  
**59-1414137**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JEFFERS, DANIEL W  
8539 LANTANA DR.  
SEMINOLE, FL 33777**

**DO NOT WRITE  
IN THIS SPACE**

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 *Daniel W. Jeffers* Daniel W. Jeffers, Pastor 2/20/04  
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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000089235  
03/15/04-80084-008 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JEFFERS, DANIEL W
STREET ADDRESS	8539 LANTANA DR.
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	T
NAME	MCCLINTOCK, SCOTT
STREET ADDRESS	475 41ST AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	T
NAME	JEWETT, CHARLIE
STREET ADDRESS	1835 31ST AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	T
NAME	DOREY, DICK
STREET ADDRESS	4325 94TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: *Daniel W. Jeffers* Daniel W. Jeffers 2/20/04 (727)345-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #