

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90026 036 ****61.25

0055047

DOCUMENT # 731712

1. Corporation Name

LATVIAN EV-LUTHERAN CONGREGATION OF ST. PETERSBURG AND VICINITY, INC.

Principal Place of Business

2263 ASHBURY DR
CLEARWATER FL 33764
US

Mailing Address

2263 ASHBURY DR
CLEARWATER FL 33764
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/16/1975

4. FEI Number

59-2161136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75* Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VILEMSONS, AIVARS
2263 ASHBURY DR
CLEARWATER FL 33764

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
KIRSTEINS, ULDIS
STREET ADDRESS 9521 45TH ST N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ DELETE

NAME VD
KUZMINS, ANNA
STREET ADDRESS 2901 FIRST ST NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ DELETE

NAME SD
MACKUS, AUSMA
STREET ADDRESS 3337 BRIAN RD N
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ DELETE

NAME PD
VILEMSONS, AIVARS
STREET ADDRESS 2263 ASBURY DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Aivars Vilemsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (727) 531-6203
Date Daytime Phone #

CR2E037 (11/98)