

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

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 751615 (6)**  
1. Corporation Name  
**PINELLAS PARK CHURCH OF CHRIST, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6045 PARK BOULEVARD<br/>PINELLAS PARK FL 33781-3229</b> | Mailing Address<br><b>6045 PARK BOULEVARD<br/>PINELLAS PARK FL 33781-3229</b> |
|---|---|

3. Date Incorporated or Qualified  
**03/19/1980**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1874692</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MARTIN, ROBERT N.  
5021 37TH AVE., NORTH  
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

|   |                       |
|---|-----------------------|
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 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          | <b>PD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MARTIN, ROBERT N.</b>                             |
| STREET ADDRESS | <b>5021 37TH AVE., NORTH</b>                         |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>                              |
| TITLE          | <b>V</b> <input type="checkbox"/> DELETE             |
| NAME           | <b>MAYS, WILLIAM D</b>                               |
| STREET ADDRESS | <b>2025 ROUNDTREE CT.</b>                            |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>                                 |
| TITLE          | <b>SD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>DUNCAN, GLENN</b>                                 |
| STREET ADDRESS | <b>4403 80TH ST., NORTH</b>                          |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                             |
| TITLE          | <b>TD</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BUTLER, JOHN</b>                                  |
| STREET ADDRESS | <b>1405 46TH ST. NORTH</b>                           |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                             |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>MARTIN, PHILLIP</b>   |
| 4.3 STREET ADDRESS | <b>6443 41st Ave, N</b>  |
| 4.4 CITY-ST-ZIP    | <b>ST PETERSBURG, FL 33709</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** ROBERT N. MARTIN, PRESIDENT 9 JAN 1998 544-8920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054399

CR2E037 (10/97)