

FILE NOW: FILING FEE IS \$61.25


FILED  
Feb 17, 1999 8:00am  
Secretary of State

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02-17-1999 90080 018 \*\*\*\*\*61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 751615  
1. Corporation Name  
PINELLAS PARK CHURCH OF CHRIST, INC.

Principal Place of Business: 6045 PARK BOULEVARD, PINELLAS PARK FL 33781-3229, US  
Mailing Address: 6045 PARK BOULEVARD, PINELLAS PARK FL 33781-3229, US

21	2. Principal Place of Business	2a	2a. Mailing Address	3.	3. Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/19/1980		
22	22	27	27	4.	4. FEI Number	Applied For	
	City & State		City & State		59-1874692	Not Applicable	
23	23	28	28	5.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	Zip		Zip			<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24	29	29	6.	6. Election Campaign Financing	<input type="checkbox"/>	
	Country		Country		Trust Fund Contribution	<input type="checkbox"/>	

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	81	Name
82	82	Street Address (P.O. Box Number is Not Acceptable)
83	83	
84	84	City
85	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT N.	1.2 NAME	
STREET ADDRESS	5021 37TH AVE., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, WILLIAM D	2.2 NAME	
STREET ADDRESS	2025 ROUNTREE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, GLENN	3.2 NAME	
STREET ADDRESS	4403 80TH ST., NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PHILLIP	4.2 NAME	
STREET ADDRESS	6443 41ST AVE, N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: Robert N. Martin *Robert N. Martin* 1/11/99 727-525-2667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)