2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2004
Secretary of State

DOCUMENT# 751615

Entity Name: PINELLAS PARK CHURCH OF CHRIST, INC.

Current Principal Place of Business:

6045 PARK BOULEVARD
PINELLAS PARK, FL 337813229 US

New Principal Place of Business:

Current Mailing Address:

6045 PARK BOULEVARD
PINELLAS PARK, FL 337813229 US

New Mailing Address:

FEI Number: 59-1874692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, TOM
6877 CIRCLE CREEK DR.
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, TOM
Address: 6877 CIRCLE CREEK DR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: V ( ) Delete
Name: MAYS, WILLIAM D
Address: 2025 ROUNTREE CT.
City-St-Zip: CLEARWATER, FL

Title: SD ( ) Delete
Name: DUNCAN, GLENN,
Address: 4403 80TH ST., NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: TD ( ) Delete
Name: MARTIN, PHILLIP
Address: 6443 41ST AVE, N
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BROWN PD 08/08/2004

Electronic Signature of Signing Officer or Director — Date