

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2006  
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 Chapter 119, 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

02/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date