

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761789

FILED
Jan 12, 2005
Secretary of State

Entity Name: CALVARY CHAPEL OF ST. PETERSBURG, INC.

Current Principal Place of Business:

9021 US HWY 19 N
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

8900 US HWY 19 N
PINELLAS PARK, FL 33782 US

Current Mailing Address:

9021 US HWY 19 N
PINELLAS PARK, FL 33782 US

New Mailing Address:

8900 US HWY 19 N
PINELLAS PARK, FL 33782 US

FEI Number: 59-2322547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGSDALE, FREDERICK
550 59TH LANE S
SAINT PETERSBURG, FL 33707 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: HODGES, DANNY
Address: 4263 NAVAREZ ST
City-St-Zip: ST PETERSBURG, FL

Title: VSD () Delete
Name: RINARD, PATRICK
Address: 5450 16TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TD () Delete
Name: LEE, JOHN
Address: 542 GLENOAK ST N
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: SCHMIDT, JOHN
Address: 8701-15TH WAY N
City-St-Zip: SAINT PETERSBURG, FL 33702

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: JOSEPH M. SEDDIO

BM

01/12/2005

Electronic Signature of Signing Officer or Director

Date