

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005758

1. Entity Name
TRADEWINDS CHRISTIAN CHURCH, INC.



Principal Place of Business
**261 44TH AVE
ST PETERSBURG, FL 33706**

Mailing Address
**P O BOX 66127
ST PETERSBURG BCH, FL 33736**



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1034270

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AVATO, MICHAEL A
261 44TH AVE
ST PETERSBURG BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000273923
03/23/05-80046-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVATO, MICHAEL A 261 - 44TH AVE ST. PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALVAGNO, FRED 10654 94TH PLACE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JORDAN, JOHN 593 39TH AVE ST PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

John Jordan 3-20-05 727-360-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #