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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000001661**

1. Corporation Name

**THE CHURCHES OF GOD-TAMPA BAY, INC.**

Principal Place of Business

6760 35TH ST. N.  
PINELLAS PARK FL 33781-6224  
US

Mailing Address

6760 35TH ST. N.  
PINELLAS PARK FL 33781-6224  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3373257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

PHILLIPS, ELAINE  
6760 35TH ST. N.  
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **SMITH, HAROLD**  
STREET ADDRESS **6401 SEMINOLE BLVD., #15**  
CITY-ST-ZIP **SEMINOLE FL 34642**

TITLE **VD** ☒ DELETE  
NAME **SEAGRAVES, GLENN**  
STREET ADDRESS **100 HAMPTON RD., #73**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE  
NAME **MORRIS, ALEXANDER**  
STREET ADDRESS **5013 TAMMY LANE**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **D** ☒ DELETE  
NAME **HARBAUGH, INEZ**  
STREET ADDRESS **4145 PINEHAVEN RD.**  
CITY-ST-ZIP **ELFERS FL**

TITLE **TD** ☒ DELETE  
NAME **EVANS, WILLIAM**  
STREET ADDRESS **455 ALT. U.S. HWY. #19 SO. #197**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **TD**  
1.3 STREET ADDRESS **Marlene Siebern**  
1.4 CITY-ST-ZIP **9938 39th Way N.  
Pinellas Park, FL 33782-4008**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VD**  
2.3 STREET ADDRESS **Frank Antonello**  
2.4 CITY-ST-ZIP **601. Dora Dr.  
Clearwater, FL 33765-2718**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD**  
4.3 STREET ADDRESS **Elaine Phillips**  
4.4 CITY-ST-ZIP **6760 35th St. N.  
Pinellas Park, FL 33781-6224**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **PD**  
5.3 STREET ADDRESS **Harry Lacher**  
5.4 CITY-ST-ZIP **10233 Shady Dr.  
Hudson, FL 34669**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Marlene Siebern* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99

Date

727-572-5638

Daytime Phone #

CR2E037 (11/98)