

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N97000002638 (1)

1. Corporation Name
 HANDS ACROSS THE BAY, YOUTH OUT-REACH MINISTRY IN C.



Principal Place of Business Mailing Address

1766 40TH STREET SOUTH ST. PETERSBURG FL 33707
 1765 28th St So ST PETERSBURG FL 33712

P.O. BOX 14565 ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified
 05/07/1997

4. FEI Number
 59-3447647

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 1765 28th St So 26 1765 28th St So

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 23 City & State ST PETERSBURG 27 28 City & State ST PETERSBURG

24 33712 25 PINELLAS 29 33712 30 PINELLAS

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BAILEY, ELDER ARTHUR L SR.
 1766 40TH STREET SOUTH
 ST. PETERSBURG FL 33707
 1765 28th St So ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name REV ARTHUR L BAILOY SR

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

83 1765 28th St So

84 City ST PETERSBURG FL 85 Zip Code 33712

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: REV ARTHUR L BAILOY SR DATE: 8/4/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CHIEF OFFICER/SECRETARY DELETE

NAME REV ARTHUR L BAILOY SR

STREET ADDRESS 1765 28th St So

CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE ASSISTANT OFFICER/SECRETARY DELETE

NAME ROBERT WALTER

STREET ADDRESS 3800 GRAND AVE NO

CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE SECRETARY DELETE

NAME THERESA NELSON

STREET ADDRESS 3450 13th Ave So

CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE TREASURER DELETE

NAME VIVIAN C BAILOY

STREET ADDRESS 1765 28th St So

CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BOARD OF DIRECTOR Change Addition

1.2 NAME SIS NOBLE LEMON

1.3 STREET ADDRESS 4501 17th Ave So

1.4 CITY-ST-ZIP ST PETERSBURG FL 33711

2.1 TITLE BOARD OF DIRECTOR Change Addition

2.2 NAME SIS DEBRA WOODARD

2.3 STREET ADDRESS 128 16th Ave So

2.4 CITY-ST-ZIP ST PETERSBURG FL 33707

3.1 TITLE BOARD OF DIRECTOR Change Addition

3.2 NAME SIS MARGO HANNA

3.3 STREET ADDRESS 240 BAY VISTA BLVD SO

3.4 CITY-ST-ZIP ST PETERSBURG FL 33705

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE: REV ARTHUR L BAILOY SR REV ARTHUR L BAILOY SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/11/98 Daytime Phone #

CR2E037 (5/98)