

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700163 (9)
1. Corporation Name
PASS-A-GRILLE BEACH COMMUNITY CHURCH, INC.



Principal Place of Business: 107-16 AVE ST PETERSBURG BCH FL 33706
Mailing Address: 107-16 AVE ST PETERSBURG BCH FL 33706

3. Date Incorporated or Qualified: 11/18/1959
3a. Date of Last Report: 08/03/1995
4. FEI Number: 59-1005855
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
STILLMAN, NORMA
6650 SUNSET WAY
BLDG. C #401
ST. PETE BEACH FL 33706

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAXWELL, DONALD	
STREET ADDRESS	5200 BRITTANY DR S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOECKER, ROBERT	
STREET ADDRESS	200 ISLE DRIVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACKSON, JILL B	
STREET ADDRESS	250 N. TEDDIER DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, MARTIN DR	
STREET ADDRESS	432 3RD AVE N.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAXWELL, Donald	
1.3 STREET ADDRESS	5200 Brittany Dr S	
1.4 CITY-ST-ZIP	St Petersburg, Fl	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOECKER, Robert	
2.3 STREET ADDRESS	200 Isle Drive	
2.4 CITY-ST-ZIP	St. Petersburg Beach Fl 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	
3.2 NAME	STILLMAN, Norma	
3.3 STREET ADDRESS	6650 Sunset Way #401	
3.4 CITY-ST-ZIP	St. Pete Bch, Fla 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VP	
4.2 NAME	PREDMORE, Loretta	
4.3 STREET ADDRESS	555 Gulf Way	
4.4 CITY-ST-ZIP	St. Petersburg Bch, Fla.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert A. Goecker* *Norma J. Stillman* DATE: 2/15/96 DAYTIME PHONE #: 360-0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)