

FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/18/1959	
4. FEI Number 59-1005855	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country
25. Country	2e. Zip
26. Country	2f. Zip

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	Goecker, Linda
82 Street Address (P.O. Box Number is Not Acceptable)	200 Isle Drive
83	
84 City	St. Pete Beach
85 Zip Code	FL 33706

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 **Linda C. Goecker, Secretary/Director** *Linda C. Goecker* **1/20/98**
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, DONALD	
STREET ADDRESS	5200 BRITTANY DR S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PREDMORE, LORETTA B	
STREET ADDRESS	555 GULF WAY	
CITY-ST-ZIP	PASS A GRILLE FL 33706	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOECKER, LINDA C	
STREET ADDRESS	200 ISLE DRIVE	
CITY-ST-ZIP	ST PETE BCH FL 33706	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, W A	
STREET ADDRESS	615 1ST AVE S	
CITY-ST-ZIP	TERRA 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tucker, Marshall	
1.3 STREET ADDRESS	1580 JUNGLE AVEN	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: **Linda C. Goecker** *Linda C. Goecker* **1/20/98** **813-360-8432**

CR2E037 (1097)