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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700163

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	3. Date Incorporated or Qualified 11/18/1959	4. FEI Number 59-1005855	Applied For 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		

9. Name and Address of Current Registered Agent

GOECKER, LINDA
 200 ISLE DR
 BLDG. C #401
 ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TUCKER, MARSHALL	
STREET ADDRESS	1580 JUNGLE AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
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	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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAINEY CAROL	
1.3 STREET ADDRESS	330 137th AVE	
1.4 CITY-ST-ZIP	MADIERA BCH FL 33708	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRIGGS JEAN	
2.3 STREET ADDRESS	P.O. Box 46493	
2.4 CITY-ST-ZIP	ST. PETE BCH FL 33741	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goecker LINDA C.	
3.3 STREET ADDRESS	200 ISLE DRIVE	
3.4 CITY-ST-ZIP	ST. PETE BCH FL 33706	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMPSON, W. A.	
4.3 STREET ADDRESS	615 1st Ave. South	
4.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
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, with all other like empowered.

SIGNATURE: Linda C. Goecker SIGNATURE REQUIRED 1/12/99 727-360-8508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)