FILE NOW: FILING FEE IS $61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 702623 (0)

1. Corporation Name

PINE GROVE COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
9200 49TH ST., N. PINELLAS PARK FL 34666	9200 49TH ST., N. PINELLAS PARK FL 33782-5231

3. Date Incorporated or Qualified: 06/28/1961
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24: 33782-5231
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-6580850 ~~NOT APPLICABLE~~ ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INGENERI, REV PAUL
9200 49TH ST., N.
PINELLAS PARK FL 34666

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 33782

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	INGENERI, REV. PAUL		1.2 NAME		
STREET ADDRESS	9200 49TH ST. NN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	VALLENGA, RUSSELL		2.2 NAME		
STREET ADDRESS	6751 15TH AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	ELDRIDGE, MICHAEL D		3.2 NAME	LAMBERS, BENJAMIN	
STREET ADDRESS	5590 TANGELO ROAD		3.3 STREET ADDRESS	1808 EAST PARK CIRCLE	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ELDRIDGE, MARGARET		4.2 NAME	GRITTER, LINDA R.	
STREET ADDRESS	5590 TANGELO RD		4.3 STREET ADDRESS	11311 POCKET BROOK DR	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	TAMPA FL 33635	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 R. Gritter LINDA R. GRITTER 4/19/97 813-872-6744 x223