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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703350**

1. Corporation Name

CENTRAL CHRISTIAN CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
4824 SECOND AVENUE SOUTH ST PETERSBURG FL 33711-1018	4824 SECOND AVENUE SOUTH ST PETERSBURG FL 33711-1018

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/18/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-0818913 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAMBLIN, ERNEST 6357 3RD AVE SOUTH ST. PETERSBURG FL 33707	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	TO	☑ Change ☐ Addition
NAME	PONELEIT, JACK		1.2 NAME	PONELEIT JACK.	
STREET ADDRESS	4488 32ND TERR, N.		1.3 STREET ADDRESS	4495 - 32 AVE TER. N	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST PETERSBURG FLA 33713	
TITLE	TD	☒ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	OLIVER, DAVID		2.2 NAME	CONKLIN, JIM.	
STREET ADDRESS	5984 5TH AVE. SOUTH		2.3 STREET ADDRESS	2538 - 37 AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	ST PETE FLA - 33713	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHUCK CARTER		3.2 NAME		
STREET ADDRESS	6132-7TH AVE. SO.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHN CLARK		4.2 NAME		
STREET ADDRESS	8920 118 WAY NO.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMIOLE FL		4.4 CITY-ST-ZIP		
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 (11/98)

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: ERNEST CHAMBLIN SIGNATURE REQUIRED Jack C Poneleit, Treas. 3-24-99 321-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #