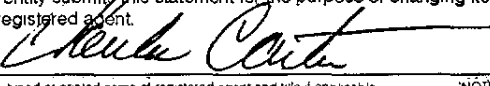


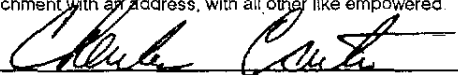
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 703350 1. Entity Name CENTRAL CHRISTIAN CHURCH OF ST. PETERSBURG, INC.					
Principal Place of Business 4824 SECOND AVENUE SOUTH SAINT PETERSBURG FL 33711				Mailing Address 4824 SECOND AVENUE SOUTH SAINT PETERSBURG FL 33711	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/04)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-0818913				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, CHARLES 6132 7TH AVE S SAINT PETERSBURG FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB CARTER, CHARLES 6132 7TH AVE S ST PETERSBURG FL 33707	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCB HECKATHORNE, LARRY 6300 63RD TERRACE PINELLAS PARK FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MESTRE, RENE 900 29TH ST N SAINT PETERSBURG FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAMEY, JACK 5350 6TH AVE N SAINT PETERSBURG FL 33710	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-9-05 727 321-490**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #