

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90086 011 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**CARTER, CHARLES
6132 7TH AVE S
SAINT PETERSBURG, FL 33707**

Name **CYNTHIA SMITH**

Street Address (P.O. Box Number is Not Acceptable)
4824 2ND AVENUE SOUTH

City **SAINT PETERSBURG**

FL

Zip Code
33711

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.

SIGNATURE

Cindy J. Smith

Cindy J. Smith

1/13/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 ☒ Change ☐ Addition

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
CB ☒ Change ☐ Addition

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
**TREA
RENE MESTRE
204 37TH AVE, N. SUITE 315
ST. PETERSBURG, FL 33704-1416** ☒ Change ☐ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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 exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/06 727-321-4800