

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 4:19

DOCUMENT # **703643** (7)

1. Corporation Name
MAXIMO HEIGHTS BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business Mailing Address
PETERSBURG FLORIDA INC **PETERSBURG FLORIDA INC**
5501 31ST ST SOUTH **5501 31ST ST SOUTH**
ST PETERSBURG FLORIDA 33712-4600 **ST PETERSBURG FLORIDA 33712-4600**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1962** 3a. Date of Last Report **02/16/1994**
4. FEI Number **59-1227000** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
TRAYLOR, RUFUS
3825 CORTEZ WAY S.
ST. PETERSBURG FL 33712

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, JOE	1.2 NAME	CAROLYN FERRY
STREET ADDRESS	5975 11TH ST. S.	1.3 STREET ADDRESS	11435 -84 AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	SEMINOLE FL 34642
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, BOOTS	2.2 NAME	
STREET ADDRESS	3220 66TH TERR. S. #C	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREY, JERRY	3.2 NAME	
STREET ADDRESS	4000 49TH AVE. S.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYLOR, RUFUS	4.2 NAME	
STREET ADDRESS	3825 CORTEZ WAY S.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROECK, WILLIAM	5.2 NAME	
STREET ADDRESS	2100-64TH AVE. SO.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGERS, DONALD	6.2 NAME	
STREET ADDRESS	5150-38 ST. SO	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: Rufus Traylor 2-20-95 813-867-7233
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date (Initials)