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May 13 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 # 703643 (7)

1. Corporation Name

MAXIMO HEIGHTS BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

Mailing Address

PETERSBURG FLORIDA INC
5501 31ST ST SOUTH
ST PETERSBURG FLORIDA 33712-4603

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5501 31ST ST SOUTH
ST PETERSBURG FLORIDA 33712-4603

3. Date Incorporated or Qualified
02/26/1962

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1227000

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, MAURICE D
2090 62ND PL. S
ST. PETERSBURG FL 33712

81 Name CLEO MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)
1895 ALMERIA WAY SOUTH

84 City ST. PETERSBURG

FL

85 Zip Code 33712

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 *Cleo Mitchell* CLEO MITCHELL 1 21 97 CMA
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE
NAME PERRY, CAROLYN
STREET ADDRESS 11935-84 AVENUE N
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME GOMEZ, GRETA
STREET ADDRESS 2834-46 AVE SO
CITY-ST-ZIP ST PETERSBURG FL 33712

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME PATTERSON, ROSE
STREET ADDRESS 5127 CORDOVA WAY SO.
CITY-ST-ZIP ST PETERBURG FL 33712

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME JOHNSON, MAURICE D
STREET ADDRESS 2090-62 PLACE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33712

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME TRUSTEE NOEL GRANT
5.3 STREET ADDRESS 6035-7th STREET SOUTH
5.4 CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME TRUSTEE PHIL E. GROOMS
6.3 STREET ADDRESS 1220 ALCAZAR WAY SOUTH
6.4 CITY-ST-ZIP ST PETERSBURG FL 33705

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: CLEO MITCHELL REQUIRED *Cleo Mitchell* 1 21 97 CMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050833

CR2E037 (9/96)