


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90031 027 ****70.00

DOCUMENT # 704509 1. Entity Name THIRTIETH AVENUE BAPTIST CHURCH OF ST. PETERSBURG, INC.					
Principal Place of Business 3241-30TH AVE., N. P.O. BOX 60066 ST PETERSBURG, FL 33784-0066			Mailing Address 3241-30TH AVE., N. P.O. BOX 60066 ST PETERSBURG, FL 33784-0066		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1526786	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EARLE, RICHARD T III 100 SECOND AVE S SUITE 701 ST PETERSBURG, FL 33701				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEEL, SHERILYN		NAME		
STREET ADDRESS	2756 65 WAY N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORDNER, RAYMOND E		NAME		
STREET ADDRESS	7473 CEDAR ST NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRITTENDEN, HARRIS W		NAME	D WILLIAMS, DR. J.D.	
STREET ADDRESS	3236 34TH AVE N		STREET ADDRESS	319 61 ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALIGOOD, ROBERT L SR.		NAME		
STREET ADDRESS	3224 31 AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLIDDEN, ROBERT		NAME		
STREET ADDRESS	3235 46TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRITTENDEN, JACK		NAME		
STREET ADDRESS	6263 24 AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
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: ROBERT L. ALIGOOD, SR. <i>Robert L. Aligood</i>			Date 8-2-2007 Daytime Phone # 727 525-5860		