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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708949 (3)
1. Corporation Name
**SUNCOAST CATHEDRAL, FIRST ASSEMBLY OF GOD, INC.,
OF ST. PETERSBURG, FLORIDA**

Principal Place of Business GOD. INC. OF ST. PETERSBURG, FL 2300 62ND AVE NORTH ST PETERSBURG FL 33702-7123 US	Mailing Address GOD. INC. OF ST. PETERSBURG, FL 2300 62ND AVE NORTH ST PETERSBURG FL 33702-7123 US
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3. Date Incorporated or Qualified

05/18/1965

4. FEI Number

59-1235472

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOULDS, GAIL F E
C/O HARRIS BARRETT MANN & DEW
150 2ND AVE N STE 1500
ST. PETERSBURG FL 33701**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
LITTLE, RICHARD
STREET ADDRESS 5701 97TH WAY N.
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D
AGNEW, DOUGLAS
STREET ADDRESS 7945 1ST AVE S
CITY-ST-ZIP ST PETE, FL 00000**

TITLE ☐ DELETE

NAME **DSD
KELLOGG, LARRY
STREET ADDRESS 4168 WHITING CIRCLE SE
CITY-ST-ZIP ST PETE, FL 00000**

TITLE ☐ DELETE

NAME **D
RUDOLPH, RAY
STREET ADDRESS 5865 CALAIS BLVD. N #2
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **P
FRAZIER, CORTEZ
STREET ADDRESS 1180 35TH AVE NE
CITY-ST-ZIP ST. PETE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

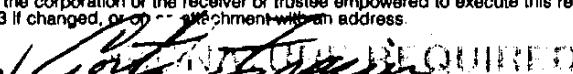
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: 

4-7-98

CR2E037 (10/97)