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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708949

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
05/18/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1235472

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Gail F E Moulds

1/27/99

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

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

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

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

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

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Gail F E Moulds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

727-522-2171

Daytime Phone #

CR2E037 (11/98)