


# 2006 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 020 \*\*\*\*61.25

<b>DOCUMENT # 709815</b> 1. Entity Name <b>SIXTIETH STREET MISSIONARY BAPTIST CHURCH OF PINELLAS PARK, INC.</b>						
Principal Place of Business <b>9309 60TH STREET N PO BOX 1457 PINELLAS PARK FL 33780-1457</b>			Mailing Address <b>9309 60TH STREET N PO BOX 1457 PINELLAS PARK FL 33780-1457</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-1344685</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>SMITH, HENRY 5171 49TH AVE NORTH ST PETERSBURG FL 33709</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>						
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, HENRY			NAME		
STREET ADDRESS	5171 49TH AVENUE M			STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JOYZELLE			NAME		
STREET ADDRESS	7120 47TH STREET NO			STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, SCOTT			NAME		
STREET ADDRESS	466 32ND AVE M			STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33704			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, SYLVIA			NAME		
STREET ADDRESS	6463 1ST AVE N			STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33710			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_