

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711715 (3)

1. Corporation Name

COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business

**4501 30TH AVE NORTH
ST PETERSBURG FL 33713**

Mailing Address

**4501 30TH AVE NORTH
ST PETERSBURG FL 33713**



3. Date Incorporated or Qualified

10/28/1966

3a. Date of Last Report

03/02/1995

4. FEI Number

59-1729242

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RANDALL, GAY
8101 29TH AVE, NORTH
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name

JAYNE, DONALD

82 Street Address (P.O. Box Number is Not Acceptable)

218 DOGWOOD CIRCLE

83

84 City

SEMINOLE

FL

85 Zip Code

34647

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Donald L. Jayne

DONALD L. JAYNE TREASURER

3/14/96

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 | D | <input checked="" type="checkbox"/> DELETE |
| NAME | AZMITIA, AL | |
| STREET ADDRESS | 4400 23RD AVE, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | KRUMM, ROBERT | |
| STREET ADDRESS | 6460 40TH AVE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | RANDALL, GAY | |
| STREET ADDRESS | 8101 29TH AVE N | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | VETVICK, NORMAN | |
| STREET ADDRESS | 3622 100TH TERR, N., UNIT 4 | |
| CITY-ST-ZIP | PINELLAS PARK FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | LONGO, AUGUSTUS | |
| STREET ADDRESS | 712 LYNDAL ST, NO | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LONGO, AUGUSTUS | |
| 1.3 STREET ADDRESS | 712 LYNDAL ST. NORTH | |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33703 | |
| 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | KIRKWOOD, JACK | |
| 2.3 STREET ADDRESS | 34259 CANAL DRIVE | |
| 2.4 CITY-ST-ZIP | PINELLAS PARK, FL 34665 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JAYNE, DONALD | |
| 3.3 STREET ADDRESS | 218 DOGWOOD CIRCLE | |
| 3.4 CITY-ST-ZIP | SEMINOLE, FL 34647 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SCHANZENBACH, OTTO | |
| 4.3 STREET ADDRESS | 4615 31ST AVE. NORTH | |
| 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33713 | |
| 5.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | PUGH, CLARICE | |
| 5.3 STREET ADDRESS | 2401 43RD ST. NORTH | |
| 5.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33713 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:

Donald L. Jayne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96
Date

813-525-8485
Daytime Phone #

CR2E037 (12/95)