

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 714986 (7)
1. Corporation Name

PINELLAS PARK BAPTIST TEMPLE, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:11

Principal Place of Business

Mailing Address

4901 - 78TH AVENUE NORTH
PINELLAS PARK FL 34665-2405

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PINELLAS PARK FL 34665-2405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1968

3a. Date of Last Report

02/25/1994

4. FBI Number

59-1204151

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

10. Name and Address of New Registered Agent

FARRIS, EVERETT R.
8790-58 LANE NORTH
PINELLAS PARK FL 33565

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ~~SLATER, WILLIAM~~ delete William Slater
STREET ADDRESS 9835 - 54TH ST N
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE
1.2 NAME VD LEATH, RALPH
1.3 STREET ADDRESS 9835 54th Street North
1.4 CITY-ST-ZIP Pinellas Park, FL 34666

TITLE VD
NAME ~~HOLTSCLAW, JOHN~~ delete John Holtsclaw
STREET ADDRESS 8763 - 66TH WAY N
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE D
NAME SCAGGS, FREDERICK M.
STREET ADDRESS 6468 82ND AVE., NORTH
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE SD
NAME PEEL, ROBERT
STREET ADDRESS 10590 FIRST MAIN
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE TD
NAME GRAHAM, EDWARD
STREET ADDRESS 5592 - 82ND TERRACE N
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE PD
NAME FARRIS, EVERETT, R
STREET ADDRESS 8790 - 58TH LANE NORTH
CITY-ST-ZIP PINELLAS PARK FL

6.1 TITLE
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 110.07(3)(b), 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 recorder 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:

Everett R. Farris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95

Date

(813)
546-1196

Daytime Phone