

# 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 # 714986 (7)**  
1. Corporation Name  
**PINELLAS PARK BAPTIST TEMPLE, INCORPORATED**



Principal Place of Business Mailing Address  
**4981 - 78TH AVENUE NORTH** **4981 - 78TH AVENUE NORTH**  
**PINELLAS PARK FL 34665-2405** **PINELLAS PARK FL 34665-2405**

3. Date Incorporated or Qualified **07/23/1968** 3a. Date of Last Report **01/23/1995**  
4. FEI 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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

## 9. Name and Address of Current Registered Agent

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

## 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEATH, RALPH	
STREET ADDRESS	9835 54TH ST. N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCAGGS, FREDERICK M.	
STREET ADDRESS	6468 82ND AVE., NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEEL, ROBERT	
STREET ADDRESS	10590 FIRST MAIN	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAHAM, EDWARD	
STREET ADDRESS	5592 - 82ND TERRACE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARRIS, EVERETT, R	
STREET ADDRESS	8790 - 58TH LANE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LETO, CARLO	
1.3 STREET ADDRESS	9835 54th Street N.	
1.4 CITY-ST-ZIP	Pinellas Park, FL 34666	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Swearman, Guy	
2.3 STREET ADDRESS	4930 Burlington Avenue N.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)