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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**4981 - 78TH AVENUE NORTH
PINELLAS PARK FL 34665-2405**

Mailing Address

**4981 - 78TH AVENUE NORTH
PINELLAS PARK FL 33781-2405**



3. Date Incorporated or Qualified
07/23/1968

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1204151

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

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 type="checkbox"/> DELETE
NAME	LETO, CARLO	
STREET ADDRESS	9835 54TH STREET NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEARMAN, GUY	
STREET ADDRESS	4930 BURLINGTON AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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 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.

SIGNATURE:

Carlo Leto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

813 546-1196

Date

Daytime Phone # 0052153

CR2E037 (9/96)