

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34665-2405
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3. Date Incorporated or Qualified 07/23/1968
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4. FEI Number 59-1204151	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33781	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33781
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FARRIS, EVERETT R. 8790-58 LANE NORTH PINELLAS PARK FL 33665
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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 _____ (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 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: *Everett R. Farris* 2/13/98 (813) 546-1196
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)