

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90073 031 \*\*\*\*61.25

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**DOCUMENT # 714986**

1. Corporation Name

**PINELLAS PARK BAPTIST TEMPLE, INCORPORATED**

132349 90073 31

Principal Place of Business

4981 - 78TH AVENUE NORTH  
PINELLAS PARK FL 33781  
US

Mailing Address

4981 - 78TH AVENUE NORTH  
PINELLAS PARK FL 33781  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/23/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1204151

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 33781

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME LETO, CARLO  
STREET ADDRESS 9835 54TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SWEARMAN, GUY  
STREET ADDRESS 4930 BURLINGTON AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

SD  
PEEL, ROBERT  
8770 70th Street North  
Pinellas Park, FL 33781

☒ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)