

# 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 # 715696 (1)

1. Corporation Name

SUNLIT SHORES BAPTIST CHURCH AT PETERSBURG, FLORIDA INC.



Principal Place of Business

SUNLIT SHORES BAPTIST CHURCH  
555 76TH AVE NORTH  
ST. PETERSBURG FL 33702  
US

Mailing Address

SUNLIT SHORES BAPTIST CHURCH  
555 76TH AVE NORTH  
ST. PETERSBURG FL 33702  
US

3. Date Incorporated or Qualified  
12/12/1968

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1632293

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMS, DONN R.  
555 76TH AVE N  
ST PETE FL 33702

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 D ☐ DELETE  
NAME SJOQUIST, GREG  
STREET ADDRESS 1806 OAK FOREST DR., W.  
CITY-ST-ZIP CLEARWATER FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME ARMS, DONN  
STREET ADDRESS 555 76TH AVE N  
CITY-ST-ZIP ST PETE, FL 00000

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DC ☐ DELETE  
NAME WALSH, TERRY  
STREET ADDRESS 8601 15TH LANE N  
CITY-ST-ZIP ST PETE, FL 00000

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME WALSH, ANGELA  
STREET ADDRESS 11401 9TH ST. N., APT#804  
CITY-ST-ZIP ST. PETERSBURG FL

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS 8413 125TH PLACE N.  
44 CITY-ST-ZIP LARGO, FL 34643

TITLE DT ☐ DELETE  
NAME WALSH, DANIEL  
STREET ADDRESS 11401 9TH ST. N., APT 804  
CITY-ST-ZIP ST. PETERSBURG FL

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS 8413 125TH PLACE N.  
54 CITY-ST-ZIP LARGO, FL 34643

TITLE D ☐ DELETE  
NAME GAYHEART, ELISHA  
STREET ADDRESS 6135 66TH ST., N. #505  
CITY-ST-ZIP ST. PETERSBURG FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

TERRY WALSH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/96

(813) 873-3666

Date

Daytime Phone #

CR2E037 (12/95)