

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 006 ****61.25

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1. Corporation Name

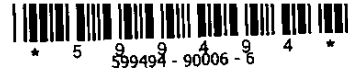
ST. BARTHOLOMEW'S CHURCH

Principal Place of Business

3747 - 34TH STREET SOUTH
ST PETERSBURG FL 33711

Mailing Address

3747 - 34TH STREET SOUTH
ST PETERSBURG FL 33711



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1969	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-0751927	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
30				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

PARSELL, HARRY I. (THE REV.)
2021 14TH STREET NORTH
3747 34TH STREET SOUTH (33711)
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PCD	1.1 TITLE	☒ Change ☐ Addition
NAME	PARSELL, HARRY REV THE	1.2 NAME	
STREET ADDRESS	2021 14TH ST N.	1.3 STREET ADDRESS	9525 Blind Pass Road #703
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO, JOHN	2.2 NAME	
STREET ADDRESS	4101 40TH WAY SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, MORRIS	3.2 NAME	
STREET ADDRESS	3840 WHITING DRIVE SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	33705
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, CONNIE	4.2 NAME	
STREET ADDRESS	742 79TH CIR SO	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☒ Addition
NAME	BARTON, LYNN	5.2 NAME	Joyce Rosner
STREET ADDRESS	5526 13TH AVENUE SOUTH	5.3 STREET ADDRESS	5505 Puerta del Sol Boulevard
CITY-ST-ZIP	GULF PORT FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	CROLL, WALTER	6.2 NAME	
STREET ADDRESS	4238 45TH STREET SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	33711

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 of 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

727-867-7015

Date

Daytime Phone #

CR2E037 (5/99)