AMOUNT DUE ON OR BEFORE 05/1999: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $550.00)

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

DOCUMENT # 716859

1. Corporation Name
ST. BARTHOLOMEW'S CHURCH

599494 - 90006 - 6

Principal Place of Business	Mailing Address
3747 - 34TH STREET SOUTH ST PETERSBURG FL 33711	3747 - 34TH STREET SOUTH ST PETERSBURG FL 33711

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	07/10/1969
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-0751927 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☒ DELETE	5.1 TITLE	T	☐ 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	☐ DELETE	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	

CR2E037 (5/99)

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 REQUIRED 6/30/99 727-867-7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #