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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720676 (6)

1. Corporation Name

THE FIRST MISSIONARY CHURCH OF ST. PETERSBURG, F  
LORIDA

Principal Place of Business

Mailing Address

~~URG. FLORIDA (THE)~~  
5475 54TH AVENUE NORTH  
ST PETERSBURG FL 33709~~URG. FLORIDA (THE)~~  
5475 54TH AVENUE NORTH  
ST PETERSBURG FL 33709-2123

2. Principal Place of Business

21 FIRST MISSIONARY CHURCH

Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 FIRST MISSIONARY CHURCH

Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/29/1971

3a. Date of Last Report

04/29/1996

4. FEI Number

59-6610899

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

CATE, GLENE R  
405 MERYDITH WAY S.  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

Glenn R. Cate (Spelling correction only)

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

TITLE D ☐ DELETE  
NAME PROSSER, RICK  
STREET ADDRESS 6750 58TH WAY  
CITY-ST-ZIP PINELLAS PARK FLTITLE D ☒ DELETE  
NAME COFFMAN, JIM  
STREET ADDRESS 8501 52ND ST. APT. 1C  
CITY-ST-ZIP PINALLAS PARK FLTITLE D ☐ DELETE  
NAME BROWN, DARRYL  
STREET ADDRESS 5120 55TH ST. N.  
CITY-ST-ZIP ST. PETERSBURG FLTITLE D ☐ DELETE  
NAME AUCREMANN, STEVE  
STREET ADDRESS 7300 DEMANS DR. S.  
CITY-ST-ZIP ST. PETERSBURG FLTITLE S ☐ DELETE  
NAME COLBERT, JOHN  
STREET ADDRESS 5207 56TH AVE. NO  
CITY-ST-ZIP ST. PETERSBURG FLTITLE T ☐ DELETE  
NAME HOATSON, GRANT  
STREET ADDRESS 11414-47TH AVE. NO.  
CITY-ST-ZIP MADEIRA BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97  
Date813-345-8054  
Daytime Phone # 0050644

CR2E037 (9/96)