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Feb 22, 1999 8:00 am
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02-22-1999 90080 044 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 720676

1. Corporation Name

**THE FIRST MISSIONARY CHURCH OF ST. PETERSBURG, F
LORIDA**

Principal Place of Business

FIRST MISSIONARY CHURCH
5475 54TH AVENUE NORTH
ST PETERSBURG FL 33709
US

Mailing Address

FIRST MISSIONARY CHURCH
5475 54TH AVENUE NORTH
ST PETERSBURG FL 33709
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/29/1971

4. FEI Number

59-6610899

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and fee, 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 FL

TITLE D ☒ DELETE
NAME BROWN, DARRYL
STREET ADDRESS 5120 55TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME AUCREMANN, STEVE
STREET ADDRESS 7300 DEMANS DR. S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE S ☐ DELETE
NAME COLBERT, JOHN
STREET ADDRESS 5207 56TH AVE. NO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☐ DELETE
NAME HOATSON, GRANT
STREET ADDRESS 11414-47TH AVE. NO.
CITY-ST-ZIP MADEIRA BCH. FL 33706

TITLE D ☐ DELETE
NAME KOSLOSKI, RAY
STREET ADDRESS 8624 LANTANA DR
CITY-ST-ZIP SEMINOLE FL 33777

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Hedgepeth, Pat.
1.3 STREET ADDRESS 5891 15th St. No
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Colbert, John
2.3 STREET ADDRESS 5207 56th Ave No
2.4 CITY-ST-ZIP St Petersburg, FL 33709

3.1 TITLE P/C ☒ Change ☐ Addition
3.2 NAME Cate, Glenn R.
3.3 STREET ADDRESS 405 Merrydith Way So
3.4 CITY-ST-ZIP St Petersburg FL 33707

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Grabbill, Brad
4.3 STREET ADDRESS 6842 124th Terrace No
4.4 CITY-ST-ZIP Largo, FL 33773

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

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

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

1-7-99

727-345-8054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)