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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

722708

(5)

ST. PETERSBURG CHURCH OF RELIGIOUS SCIENCE, INC. OF ST. PETERSBURG, FLORIDA

Principal Place of Business Mailing Address 5200 - 29TH AVENUE NORTH 5200 - 29TH AVENUE NORTH ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1972 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 94-2835301 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINKSTON, JOAN C. Street Address (P.O. Box Number is Not Acceptable) 5200 - 29TH AVENUE NORTH ST PETERSBURG FL 33710 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE ☐ Change MATOS, CARMEN NAME 1.2 NAME TERRY HIPPS 5997-38TH AVE, N STREET ADDRESS 1.3 STREET ADDRESS 6157DARTMOUTH AVENUE NORTH ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP <u>ST PETERSBURG FL</u> Th-TITLE DELETE 2.1 TITLE Addition ☐ Change TR *PARKER, JOHN NAME 2.2 NAME MARK MCGEE -215-OSCEOLA RD-STREET ADDRESS 2.3 STREET ADDRESS PO BOX 21547 -BELLEAIR-FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP ST PETERSBURG FL 40-TITLE DELETE 3.1 TITLE Addition TR -WAGNER, JUDITH-NAME 3.2 NAME Wagner JUDITH -2641-44TH ST., N. STREET ADDRESS 3.3 STREET ADDRESS 2641 44th ST N ST PETERSBURG FL -St. Petensburg fl.-CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition ROBERTS: NORMA NAME 4.2 NAME JOHN PARKER -2005-12TH-AVE. C. STREET ADDRESS 215 OSCEOLA RD BELLEAIR FL 4.3 STREET ADDRESS -ST. PETERSBURG-FL. CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition Change **ZEIGLER: CYNTHIA** 5.2 NAME MARTORIE SHOEMAKER 4127 53RD AVE.,-S STREET ADDRESS 5.3 STREET ADDRESS 13 46th Avenue North#311 PETERSBURG FL 7403 ST. PETERSBURG FL CITY-ST-ZIP 5.4 CiTY-ST-ZiP TR TITLE DELETE 6.1 TITLE Change Addition AVERY, DONNIE NAME 6.2 NAME 316 NORTH MAGNOLIA DR. STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Ido 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

SIGNATURE:

CITY-ST-ZIP

OCALA FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TEDDU

appears in Block 12 or Block 13 if changed, or on an attachment with an address

<u>(813) 323-527</u>8

(12/95)

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