

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90050 043 ****61.25

DOCUMENT # 724820

1. Entity Name

FAITH CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

6646 FIRST AVE., S.
ST. PETERSBURG FL 33707

Mailing Address

6646 FIRST AVE., S.
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2351134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, THURMAN
550 LAPLAZA AVENUE, SOUTH
SAINT PETERSBURG FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHT, THURMAN	
STREET ADDRESS	550 LAPLAZA AVENUE, SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, PAUL	
STREET ADDRESS	5390 48 AVE, N	
CITY-ST-ZIP	ST PETE FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, LEROY	
STREET ADDRESS	5642 8 AVE N	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD E	
STREET ADDRESS	5745-16 AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thurman E. Knight*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 (727) 381-4750
Date Daytime Phone #

24029158



MOORE

CR2E037 (11/03)