

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724820**  
 1. Entity Name  
**FAITH CHURCH OF ST. PETERSBURG, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**6646 FIRST AVE., S.**      **6646 FIRST AVE., S.**  
**ST. PETERSBURG FL 33707**      **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



1st MOORE      CR2E037 (10/04)

**6. Name and Address of Current Registered Agent**  
**KNIGHT, THURMAN**  
**550 LAPLAZA AVENUE, SOUTH**  
**SAINT PETERSBURG FL 33707**

4. FEI Number      Applied For  
**59-2351134**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW; FEE IS \$61.25**  
**Due By May 1, 2005**

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**

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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000274335	
CITY-ST-ZIP	03/24/05-80006-014 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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*      3/20/05 (727) 381-4450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #