

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 727156

1. Entity Name

**COMMUNITY BIBLE BAPTIST CHURCH OF ST.
PETERSBURG, INC.**



Principal Place of Business

**3800 17TH AVENUE NORTH
ST PETERSBURG, FL 33713**

Mailing Address

**3800 17TH AVENUE NORTH
ST PETERSBURG, FL 33713**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1198644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIBBS, DAVID C
5666 SEMINOLE BOULEVARD
SUITE 2
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIBBS, MATTHEW D
STREET ADDRESS	3800 17TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	T/D
NAME	CHASE, WARREN
STREET ADDRESS	2642-49TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	S/D
NAME	KLUTH, STEVEN M
STREET ADDRESS	12137 ORANGE BLOSSOM DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	MOREY, JERRY
STREET ADDRESS	6530 RENALDO WAY SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	D
NAME	GIBBS, DAVID C
STREET ADDRESS	5666 SEMINOLE BLVD STE 2
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	BERTUCCI, KENNETH
STREET ADDRESS	7422 21ST STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

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04/04/08-80004-002 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Gibbs **Matthew Gibbs Pastor** **3/1/08** **727-323-4907**

Date

Daytime Phone #