

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 031 ****61.25

DOCUMENT # 739149

1. Entity Name
**THE NORTH EAST PARK BAPTIST CHURCH OF SAINT
PETERSBURG, FLORIDA, INC.**



Principal Place of Business
**3737 FIRST STREET NE
ST. PETERSBURG, FL 33704**

Mailing Address
**3737 FIRST STREET NE
ST. PETERSBURG, FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0879138

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

**COX, WILLIAM
1115 36TH AVE N.E.
SAINT PETERSBURG, FL 33704**

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

William Cox

WILLIAM COX, TREASURE

01/11/06

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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRINGTON, DAN
801 OLD CHARLESTON WAY
LARGO, FL 33770** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GREENE, CLAUDE
3260 WALNUT ST. N.E.
ST PETERSBURG, FL 33704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOVERN, TOM
785 17TH AVE NORTH
SAINT PETERSBURG, FL 33704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KINEY, TERRANCE
767 38TH AVE N.E.
ST PETERSBURG, FL 33704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OWEN, BOB
4241 BLUE FISH DR S.E.
SAINT PETERSBURG, FL 33705** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MIELE, JOE
2200 COFFEE POT BLVD N.E.
ST PETERSBURG, FL 33704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KAEPERNIK, WILLIAM
1475 48TH AVE. N.E.
SAINT PETERSBURG, FL 33703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TINSLEY, RUSS
6246 FAIRFIELD AVE. S
SAINT PETERSBURG, FL 33707** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Terrance Kiney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRANCE KINEY

01/11/06

727-896-3178

Date

Daytime Phone #