

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740302 (5)

1. Corporation Name

NORTHEAST CHRISTIAN CHURCH OF ST. PETERSBURG, IN
C.

Principal Place of Business

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

Mailing Address

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703



3. Date Incorporated or Qualified
09/03/1977

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1802581

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, KENNETH W.
5664 KELLY DR N
ST. PETERSBURG FL 33703

81 Name

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

83

84 City

FL

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

Kenneth W. Jackson

(Kenneth W. Jackson)

2-4-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AGE, LOYD
STREET ADDRESS 1839 68TH AVE N.
CITY-ST-ZIP ST PETERSBURG, FL 00000 FL 33702

TITLE CD ☐ DELETE

NAME JACKSON, KEN
STREET ADDRESS 5664 KELLY DR N
CITY-ST-ZIP ST PETERSBURG FL

TITLE VCD ☐ DELETE

NAME CLAYTON, CARL
STREET ADDRESS 159 80TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE T ☐ DELETE

NAME WELDON, GARY
STREET ADDRESS 6572 27TH WAY NORTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE DE ☒ DELETE

NAME BENSON, HERB
STREET ADDRESS 5222 4TH ST N 302
CITY-ST-ZIP ST.PETS FL 33710

TITLE D ☒ DELETE

NAME MARTIN, DAVID
STREET ADDRESS 6655 26TH WAY N
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ELDER ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE D ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE SE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE CE ☒ Change ☐ Addition

52 NAME KRONZ, RON
53 STREET ADDRESS 3136 55th ST N
54 CITY-ST-ZIP ST PETERSBURG FL 33710

61 TITLE D ☒ Change ☐ Addition

62 NAME J. R. Carrel
63 STREET ADDRESS 1140 PELICAN PL
64 CITY-ST-ZIP SAFETY HARBOR FL 34695

14. I do 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Kronz, Chairman of Elders

Date

2-4-96

893-2500x877

CR2E037 (12/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morthan
Secretary of State
DIVISION OF CORPORATIONS

Copy (we had highlighted man on last year but it did not get done.)

DOCUMENT # 740302 (5)

1. Corporation Name

NORTHEAST CHRISTIAN CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

Mailing Address

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 09/03/1977 3a. Date of Last Report: 03/03/1994

4. FEI Number: APPLIED FOR 59-1802581 (Not Applicable)

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

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. 24. County: 125. Zip: 129. Country: 130.

9. Name and Address of Current Registered Agent

JACKSON, KENNETH W.
5664 KELLY DR N
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: Kenneth W. Jackson (Kenneth W. Jackson) 1-21-95 DATE

12. OFFICERS AND DIRECTORS

1.1 NAME: D SCHREIBER, FRED
1.2 STREET ADDRESS: 6751 22ND STREET NORTH
1.3 CITY-STATE-ZIP: ST PETERSBURG, FL 00000

2.1 NAME: CD JACKSON, KEN
2.2 STREET ADDRESS: 5664 KELLY DR N
2.3 CITY-STATE-ZIP: ST PETERSBURG FL

3.1 NAME: VCD CLAYTON, CARL
3.2 STREET ADDRESS: 159 80TH AVE N
3.3 CITY-STATE-ZIP: ST PETERSBURG, FL 00000

4.1 NAME: T WELDON, GARY
4.2 STREET ADDRESS: 6572 27TH WAY NORTH
4.3 CITY-STATE-ZIP: ST PETERSBURG, FL 00000

5.1 NAME: S DIXON, TOM
5.2 STREET ADDRESS: 6098 110TH AVE N
5.3 CITY-STATE-ZIP: PINELLAS PK FL

6.1 NAME: D MARTIN, DAVID
6.2 STREET ADDRESS: 6855 26TH WAY N
6.3 CITY-STATE-ZIP: ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ELDER ☒ Change ☐ Addition
1.2 NAME: AGE, LLOYD
1.3 STREET ADDRESS: 1839 68th Ave N
1.4 CITY-STATE-ZIP: St Pete 33702

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

5.1 TITLE: ELDER ☒ Change ☐ Addition
5.2 NAME: BENSON, HERB
5.3 STREET ADDRESS: 5222 4th ST N #302
5.4 CITY-STATE-ZIP: St Pete FL 33703

6.1 TITLE: ELDER ☒ Change ☐ Addition
6.2 NAME: KRONZ, Ron
6.3 STREET ADDRESS: 3137 55th ST N
6.4 CITY-STATE-ZIP: St Pete 33710

14. I do 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21, 1995 541-5527