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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
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 33703-2960

3. Date Incorporated or Qualified  
09/03/1977

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

10. Name and Address of New Registered Agent

81 Name

AGE, Lloyd

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

1839 68th Ave N

83

St Petersburg

84 City

FL

85 Zip Code  
33702

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 *Lloyd T. Age*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-97

12. OFFICERS AND DIRECTORS

TITLE	E	<input type="checkbox"/> DELETE
NAME	AGE, LLOYD	
STREET ADDRESS	1839 68TH AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, KEN	
STREET ADDRESS	5664 KELLY DR N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SE	<input type="checkbox"/> DELETE
NAME	CLAYTON, CARL	
STREET ADDRESS	159 80TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WELDON, GARY	
STREET ADDRESS	6572 27TH WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	CE	<input type="checkbox"/> DELETE
NAME	KRONZ, RON	
STREET ADDRESS	3136 55TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARREL, J. R.	
STREET ADDRESS	1140 PELICAN PLACE	
CITY-ST-ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GILES, GARY	
2.3 STREET ADDRESS	7543 Meadowlawn Dr N	
2.4 CITY-ST-ZIP	St. Petersburg FL 33702	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LITTLE, Dean	
4.3 STREET ADDRESS	255 65th St N	
4.4 CITY-ST-ZIP	St Petersburg FL 33710	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: Ron Krong  
Chairman of the Elders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

893-2500X1077

Daytime Phone # 0049962

CR2E037 (9/96)