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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740302

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/03/1977

4. FEI Number
59-1802581

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

9. Name and Address of Current Registered Agent

**AGE, LLOYD
1839 68TH AVE N
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name **Tom Dixon Tr**
82 Street Address (P.O. Box Number is Not Acceptable)
6098 110th Ave N
83 **Pinellas Park FL**
84 City **FL** 85 Zip Code **33782**

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 Thomas J. Dixon (Thomas J. Dixon) 3/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DROF, TERRY**
STREET ADDRESS **4621 9TH AVE, N**
CITY-ST-ZIP **ST PETERSBURG, FL 00000 FL 33713**

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

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

TITLE ☒ DELETE
NAME **LITTLE, DEAN**
STREET ADDRESS **255 65TH ST, N**
CITY-ST-ZIP **ST PETERSBURG, FL 00000 33710**

TITLE ☐ DELETE
NAME **GILES, GARY**
STREET ADDRESS **7543 MEADOWLAWN DR, N**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Carl Clayton**
2.3 STREET ADDRESS **159 80th Ave N**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33702**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **Jerry Gould**
3.3 STREET ADDRESS **3038 Yale St N**
3.4 CITY-ST-ZIP **St. Petersburg FL 33713**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Dan Hanko**
4.3 STREET ADDRESS **5150 4th St N**
4.4 CITY-ST-ZIP **St. Pete FL 33702**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

TERRY DROF
Chairman of the Board
RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99 (727) 403-6638
3/7/99
Date Daytime Phone #

CR2E037 (11/98)