


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90014-002-\$61.25-\$61.25

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT -6 PM 1:18

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|---|---|
| <b>DOCUMENT # 742350</b>  |  |
| 1. Entity Name<br><b>FIRST BAPTIST INSTITUTIONAL CHURCH OF ST. PETERSBURG, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3144 3RD AVE S<br/>ST PETERSBURG, FL 33712</b> | Mailing Address<br><b>P.O. BOX 12498<br/>ST PETERSBURG, FL 33733</b> |
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07032004 No Chg-NP CR2E037 (10/03)

|   |  |
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| 4. FEI Number<br><b>59-2458990</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>THOMPSON, WAYNE G.<br/>3144 3RD AVE S<br/>ST PETERSBURG, FL 33712</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | DATE _____ |
|--|------------|

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| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS |                                       |
|----------------------------|---------------------------------------|
| TITLE<br><b>PO</b>         | <b>POWELL, ROOSEVELT</b>              |
| NAME                       | <b>1019 58TH AVE S</b>                |
| STREET ADDRESS             | <b>ST PETERSBURG, FL 33712</b>        |
| CITY-ST-ZIP                |                                       |
| TITLE<br><b>VPD</b>        | <b>FARRIS, SIGNORA</b>                |
| NAME                       | <b>3731 5TH AVE S</b>                 |
| STREET ADDRESS             | <b>ST PETERSBURG, FL 33711</b>        |
| CITY-ST-ZIP                |                                       |
| TITLE<br><b>TD</b>         | <b>PURDY, CHERYL</b>                  |
| NAME                       | <b>3648 28TH AVE S</b>                |
| STREET ADDRESS             | <b>ST PETERSBURG, FL 33711</b>        |
| CITY-ST-ZIP                |                                       |
| TITLE<br><b>D</b>          | <b>DONALD, GARY</b>                   |
| NAME                       | <b>4368 8TH AVE S</b>                 |
| STREET ADDRESS             | <b>ST PETERSBURG, FL 33711</b>        |
| CITY-ST-ZIP                |                                       |
| TITLE<br><b>VTD</b>        | <b>WILLIAMS, DANNIE</b>               |
| NAME                       | <b>4543-3RD AVE SOUTH</b>             |
| STREET ADDRESS             | <b>SAINT PETERSBURG, FL 33711</b>     |
| CITY-ST-ZIP                |                                       |
| TITLE<br><b>D</b>          | <b>NEWSOME, LARRY</b>                 |
| NAME                       | <b>6307 PASADENA POINT BLVD SOUTH</b> |
| STREET ADDRESS             | <b>GULF PORT, FL 33707</b>            |
| CITY-ST-ZIP                |                                       |

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12. 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 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: <u><i>Roosevelt Powell</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <u>9/24/04</u> | Daytime Phone #: <u>727-323-7518</u> |
|--|----------------------|--------------------------------------|