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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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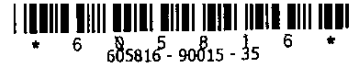
DOCUMENT # 742897

1. Corporation Name

20TH ST. CHURCH OF CHRIST, INC.

Principal Place of Business
820 20TH STREET SOUTH
ST. PETERSBURG FL 33712-2349

Mailing Address
820 20TH STREET SOUTH
ST. PETERSBURG FL 33712-2349



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/17/1978
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2375028
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, CARL M JR.
4024 21ST AVENUE SOUTH
ST. PETERSBURG FL 33711

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WASHINGTON, WILLIE	1.2 NAME	
STREET ADDRESS	2670 FAIRWAY AVENUE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	TIMMONS, ROBERT	2.2 NAME	SKinner, Curtis
STREET ADDRESS	3001 PONCE DE LEON WAY SOUTH	2.3 STREET ADDRESS	2506 166 Terr. So.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	TSD	3.1 TITLE	
NAME	BROWN, CARL M. JR.	3.2 NAME	
STREET ADDRESS	4024 21ST STREET SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	ODOM, PHIL	4.2 NAME	SMITH, Robert E
STREET ADDRESS	2435 31ST STREET SOUTH	4.3 STREET ADDRESS	5655 11th St S.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Floyd, Marvin
STREET ADDRESS		5.3 STREET ADDRESS	734 42 Ave. So
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St Petersburg, FL 33705
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Carl M. Brown, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)