

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742897

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** 20TH ST. CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

825 20TH STREET SOUTH  
ST. PETERSBURG, FL 337122349 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 20TH STREET SOUTH  
ST. PETERSBURG, FL 337122349 US

**New Mailing Address:**

**FEI Number:** 59-2375028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, CARL M JR.  
3001 16TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WASHINGTON, WILLIE  
Address: 2670 FAIRWAY AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL

Title: VD  
Name: SKINNER, CURTIS  
Address: 2500 66 TERR SO  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: TD  
Name: BROWN, CARL M. JR.  
Address: 3001 16TH AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: D  
Name: SMITH, ROBERT E  
Address: 5655 11TH ST S  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD  
Name: FLOYD, MARVIN A SR.  
Address: 734 42ND AVE SO  
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL M. BROWN, JR.

TD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date