

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 753599**

1. Entity Name  
THE GOSPEL TRUTH OF ST. PETERSBURG, INC.



Principal Place of Business

868 50TH AVE S.  
SAINT PETERSBURG, FL 33705

Mailing Address

PO BOX 11106  
ST PETERSBURG, FL 33733-1106 US



03032005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2118687

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRESGE, TED  
868 50 AVE S  
ST. PETERSBURG, FL 33705

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KRESGE, TED
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705
TITLE	VD
NAME	POWELL, DOUGLAS
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705
TITLE	SD
NAME	KRESGE, KIM
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705
TITLE	D
NAME	GRAY, JEFF
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705
TITLE	T
NAME	POWELL, VICTORIA
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705
TITLE	D
NAME	GRAY, NANCY
STREET ADDRESS	868 50TH AVE S.
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705

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03/08/05-80043-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kim Kresge*

*Kim Kresge*

*3-4-05*

*927-822-5562*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #