

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90073 013 \*\*\*\*61.25

<b>DOCUMENT # 753599</b>	
1. Entity Name <b>THE GOSPEL TRUTH OF ST. PETERSBURG, INC.</b>	



Principal Place of Business <b>860-20 AVE S SAINT PETERSBURG, FL 33705</b>	Mailing Address <b>PO BOX 11106 ST PETERSBURG, FL 33733-1106 US</b>
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40075304



2. Principal Place of Business - No P.O. Box # <b>2719 Oakdale St S.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>St. Petersburg, FL</b>		City & State	
Zip <b>33705</b>	Country <b>USA</b>	Zip	Country

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2118687</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KRESGE, TED 868 20 AVE S ST. PETERSBURG, FL 33705</b>		7. Name and Address of New Registered Agent Name <b>Kresge, Ted</b> Street Address (P.O. Box Number is Not Acceptable) <b>2719 Oakdale St. S</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33705</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRESGE, TED 860 20 AVE S SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kresge, Ted 2719 Oakdale St S St. Petersburg FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, DOUGLAS 860 20 AVE S SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Powell, Douglas 2719 Oakdale St S St. Petersburg FL 33705 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRESGE, KIM 860 20 AVE S SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kresge, Kim 2719 Oakdale St S St. Petersburg FL 33705 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JEFF 860 20 AVE S SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, VICTORIA 860 20 AVE S SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Powell, Victoria 2719 Oakdale St S St. Petersburg FL 33705 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, NANCY 860 20 AVE S SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: Ted Kresge **Ted Kresge** **4-20-07** **727-822-5562**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #