FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760218 (8)

1. Corporation Name
FAIRMONT PARK CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
4200 5TH AVENUE SOUTH ST PETERSBURG FL 33711-1523	4200 5TH AVENUE SOUTH ST PETERSBURG FL 33711-1523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1981
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2915164 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3250 5TH AVE NORTH	26 3250 5TH AVE NORTH
Suite, Apt. #, etc. 22 33712	Suite, Apt. #, etc. 27
City & State 23 ST PETERSBURG FL	City & State 28 ST PETERSBURG FL
Zip / Country 24 33712 / 25 PINELLAS	Zip / Country 29 33712 / 30 PINELLAS

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPP, LENWOOD, SR. 3510 QUEENSBORO AVENUE S. ST PETERSBURG FL 33712	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	1.1 TITLE	PMD ☒ Change ☐ Addition
NAME	PERKINS, DAVID E., DR.	1.2 NAME	PERKINS DAVID E. DR.
STREET ADDRESS	3701 42AVE. SO.	1.3 STREET ADDRESS	6646 PINELLAS PT. DR. SO.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33712
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, VINCENT	2.2 NAME	
STREET ADDRESS	4311 HAVAREZ WAY SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	CVD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAPP, LENWOOD SR	3.2 NAME	
STREET ADDRESS	3510 QUEENSBORO AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1/12/95 864 1077 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
327-3644

0084148