

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **760218** (8)

1. Corporation Name

FAIRMONT PARK CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

**3250 NORTH 5TH AVE
STE 33712
ST PETERSBURG FL 33712
US**

**3250 NORTH 5TH AVE
ST PETERSBURG FL 33712
US**

3. Date Incorporated or Qualified

09/29/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1836 49 ST SO.

26 P.O. Box 14486

4. FEI Number

59-2915164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

City & State

23 ST PETERSBURG

City & State

28 ST PETERSBURG

Zip

24 33733-4481

Country

25 PINELLAS

Zip

29 33733-4481

Country

30 PINELLAS

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 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

Lenwood Sapp Sr

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

(NOTE: Registered Agent signature required when reinstating)

3-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PMD**
STREET ADDRESS **PERKINS, DAVID E., DR.**
CITY-ST-ZIP **6666 SOUTH PINELLAS POINT DR
ST PETERSBURG FL**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **WALKER, VINCENT**
CITY-ST-ZIP **4311 HAVAREZ WAY SOUTH
ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **CVD**
STREET ADDRESS **SAPP, LENWOOD SR**
CITY-ST-ZIP **3510 QUEENSBORO AVE S
ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Dr. A. Perkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

DATE

813-864-1079

Daytime Phone #

CR2E037 (12/95)