

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 # 769117 (3)

1. Corporation Name

BETHEL EVANGELICAL LUTHERAN CHURCH OF ST. PETERS
BURG, FLORIDA

Principal Place of Business

% TERRY KINNEY resigned
1801 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address

% TERRY KINNEY resigned
1801 62ND AVENUE NORTH
ST. PETERSBURG FL 33702



3. Date Incorporated or Qualified
06/27/1983

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1531562

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

KINNEY, TERRY resigned
1801 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

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

Donald Tesch DONALD TESCH

2-5-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

BARBER, EDWARD
3701-15 STREET N
ST PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

NAME

TODD, SUZANNE
1020-14TH AVE. N.
ST. PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

NAME

LAUVER, BETTY
2101-50 AVE N
ST PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

NAME

BOOS, ARLENE
5880-12 STREET N
ST PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

Vice President

NAME

Frank Denniston
1600 61st Ave. S.

STREET ADDRESS

CITY-ST-ZIP

TITLE

Vice President

NAME

Frank Denniston
1600 61st Ave. S.
St. Petersburg, FL 33712-4921

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☐ Change

☒ Addition

1.2 NAME

FRANK DENNISTON

1.3 STREET ADDRESS

1600 61st Ave. S.

1.4 CITY-ST-ZIP

St. Petersburg, FL 33712-4921

2.1 TITLE

Director of Pre-School

☐ Change

☒ Addition

2.2 NAME

Bonnie J. Stephenson

2.3 STREET ADDRESS

10326 57th Way N.

2.4 CITY-ST-ZIP

Pineellas Park, FL 34666

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001744357

-03/15/96--01036--088

***61.25

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:

Betty Lauver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

DATE

813-526-7460

DAYTIME PHONE #

CR2E037 (12/95)