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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
c/o Dr. Pedro Cáceres
~~% TERRY KINNEY~~
1801 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address
c/o Dr. Pedro Cáceres
~~% TERRY KINNEY~~
1801 62ND AVENUE NORTH
ST. PETERSBURG FL 33702-7119

3. Date Incorporated or Qualified: 06/27/1983
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1531562 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Dr. Pedro Cáceres
82 Street Address (P.O. Box Number is Not Acceptable): 1801 62nd Ave N
83: St. Petersburg, Fl.
84 City: FL 85 Zip Code: 33702

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BARBER, EDWARD		1.2 NAME	Joanne Johnston	
STREET ADDRESS	3701-15 STREET N		1.3 STREET ADDRESS	1298 66th Ave. N.	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, Fl. [redacted] 33702	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TODD, SUZANNE		2.2 NAME		
STREET ADDRESS	1020-14TH AVE.,N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAUVER, BETTY		3.2 NAME		
STREET ADDRESS	2101-50 AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DENNISTON, FRANK		4.2 NAME		
STREET ADDRESS	1600 61ST AVE. S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712-4921		4.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, BONNIE J		5.2 NAME		
STREET ADDRESS	10326 57TH WAY N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [signature] Joanne Johnston 1/19/97 813/895-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049678