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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769117** (3)

1. Corporation Name

**BETHEL EVANGELICAL LUTHERAN CHURCH OF ST. PETERS
BURG, FLORIDA**



Principal Place of Business C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702 US	Mailing Address C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702 US
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3. Date Incorporated or Qualified 06/27/1983
4. FEI Number 59-1531562
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DR PEDRO CACERES 1801 62ND AVE N ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	JOANNE JOHNSTON
STREET ADDRESS	2298 68TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	TODD, SUZANNE
STREET ADDRESS	1020-14TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LAUVER, BETTY
STREET ADDRESS	2101-50 AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DENNISTON, FRANK
STREET ADDRESS	1600 61ST AVE. S.
CITY-ST-ZIP	ST PETERSBURG FL 33712-4921
TITLE	DPS <input type="checkbox"/> DELETE
NAME	STEPHENSON, BONNIE J
STREET ADDRESS	10326 57TH WAY N.
CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Frances Lindley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4480-61st Ave N
3.3 STREET ADDRESS	Pinellas Park, FL 33781
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDSTONE, LEONARD
4.3 STREET ADDRESS	4260 96th Ave.
4.4 CITY-ST-ZIP	Pinellas Park, FL 34666-3900
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* 3-2-98 (012) 521-4172

CR2E037 (10/97)