02241999-90067-009-$70.00-$70.00

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90067 009 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769117

1. Corporation Name
BETHEL EVANGELICAL LUTHERAN CHURCH OF ST. PETERS BURG, FLORIDA

Principal Place of Business	Mailing Address
C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702 US	C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702 US

[redacted]

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)

3. Date Incorporated or Qualifed: 06/27/1983

4. FEI Number: 59-1531562 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: Joanne H. Johnston
82 Street Address (P.O. Box Number is Not Acceptable): 1801 62 AVE. N
83
84 City: St. Petersburg 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: Joanne H. Johnston (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: March 17, 1998

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DENNISTON, FRANK		1.2 NAME	President D Denniston, Charles F. (Correct Name)	
STREET ADDRESS	1600 61ST AVE S		1.3 STREET ADDRESS	1600 61 Ave S	
CITY-ST-ZIP	ST PETERSBURG FL 33712		1.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	SD	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	TODD, SUZANNE		2.2 NAME	Secretary D Christopher A. Carter	
STREET ADDRESS	1020-14TH AVE.,N.		2.3 STREET ADDRESS	1801 62 AVE. N,	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	T	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	LINDLEY, FRANCES		3.2 NAME	TREASURER D DEBORAH F. AUSTIN	
STREET ADDRESS	4480 67 AVE N		3.3 STREET ADDRESS	9989 - 85th ST. N	
CITY-ST-ZIP	PINELLAS PARK FL 33781		3.4 CITY-ST-ZIP	SEMINOLE, FL 33777-1937	
TITLE	VD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LINDSTONE, LEONARD		4.2 NAME		
STREET ADDRESS	4260 96TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Charles F. Denniston Jr 1-13-98 727 526 7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #