

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90061 042 \*\*\*\*61.25

DOCUMENT # **C94000000006**

NAME  
**PRIMORDIAL BAPTIST CHURCH, INC.**

Place of Business Mailing Address  
**29TH AVE. NORTH 1818 - 29TH AVE. NORTH**  
**PETERSBURG FL 33713 ST. PETERSBURG FL 33713**

8 2 7 8 3  
82783-90061-42



1. Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
29TH AVE. NORTH		1818 - 29TH AVE. NORTH		05/23/1994	
PETERSBURG FL 33713		ST. PETERSBURG FL 33713			
4. FEI Number		5. Certificate of Status Desired		Applied For	
59-0782454		<input type="checkbox"/>		<input type="checkbox"/>	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing		Trust Fund Contribution		May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>		\$5.00	

**ERNEST E**  
**28TH ST. NORTH**  
**PETERSBURG FL 33713**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

I, the undersigned, being a director or officer of the corporation, do hereby certify that the corporation is not a corporation exempt from 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 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, or both, in the State of Florida. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

*Ernest E. Boner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/99  
DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD BONER, ERNEST E 2801 28TH ST. NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD MASAREK, STEVEN 990 28TH AVENUE NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> DELETE	1.2 NAME	
SD WEESE, CARROLL 2561 - 32ND AVE. NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

URE:

**SIGNATURE REQUIRED**

2/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ernest E. Boner* ERNEST E. BONER

Date

Daytime Phone #

CR2E037 (1/98)